# A SERVICE DELIVERY PLAN

# FOR HOMELESS PROGRAMS

# IN

# HOWARD COUNTY, MARYLAND

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## EXECUTIVE SUMMARY

The Department of Citizen Services of Howard County commissioned the Institute for Governmental Service (IGS) of the University of Maryland System to conduct a study of homeless services in the county. This study has three primary purposes. The first is to evaluate existing homeless services, and the second is to develop a comprehensive shelter and general service delivery plan for the homeless population in Howard County. The third is to conduct a formative evaluation of the comprehensive shelter and general service delivery plan during the first year of its operation. This report represents the completion of the first phase of the study, encompassing purposes one and two: evaluation of existing services and development of a service delivery plan. The second phase will take place during the upcoming year and will encompass the third purpose, a formative evaluation of the service delivery plan.

The first phase of the study was conducted during the fall of 1988 and the winter and spring of 1989. The data used to reach the findings and recommendations in this report include descriptions of current homeless services and programs in Howard County, quantitative data on county homeless services, interviews of Howard County officials and citizens, and comparative data from homeless service programs of other jurisdictions.

Like many similar jurisdictions, Howard County has experienced an increase in homelessness over the past few years.

As the problem has become more pronounced, the county has made a substantial financial commitment to addressing the needs of the homeless. The county operates programs designed to prevent homelessness and provides grants-in-aid to private, non-profit organizations that provide emergency shelter and other services to the homeless. In addition, the county has provided its own funds and obtained state and federal funds to construct a major addition to emergency shelter facilities and to create a transitional shelter facility.

The services provided to the homeless in Howard County include shelter at county-funded facilities and through a motel voucher program, rent assistance to prevent eviction, counseling and assistance in finding permanent housing, referrals for medical care and social service and related programs, meals, limited transportation, and telephone hotlines. The primary providers are the Community Action Council, Citizens Against Spousal Abuse, Grassroots, the Maryland State Department of Social Services and the Howard County Department of Housing and Community Development.

The study identified a number of issues regarding the need for and availability of homeless services. These include a shortage of low-income housing, the importance of addressing client problems which tend to keep them on the homeless rolls, and the need for additional emergency shelters, transitional housing, and shelter facilities for homeless clients with special problems. Other issues concerning service delivery were

identified as follows: the need for an agency that can coordinate services to the homeless, the importance of case management to ensure that the full range of client problems are addressed, the need for transportation services, the need for a client tracking system, and the importance of involving private businesses, religious organizations, and individual volunteers more actively in the homeless service system. Discussions with officials from other jurisdictions confirmed that they are wrestling with many of the same issues.

Howard County has taken important steps in the past year toward addressing some of these issues including facility renovation and expansion and creation of an interim central access center to improve coordination of services. This study represents another step toward identifying and implementing service improvements.

Based on its review of homeless services, the Institute study team has developed the following major recommendations.

**Recommendation: Howard County should extend the concept of the interim central access center by creating a permanent Homeless Service Center that would coordinate all of the homeless services and programs that the county provides.**

The Homeless Service Center should perform client intake, referral, and tracking functions; serve as a central information point regarding available services and job and housing referrals for the homeless; recruit and train volunteers; and compile and analyze data. Operation of the Homeless Service Center and

design of a client tracking system are discussed in a later section entitled "General Service Delivery Plan."

**Recommendation: A Homeless Advisory Committee with a membership that includes representatives of public and non-profit agencies, religious organizations, and private businesses as well as individual citizens should be appointed by the county executive and county council. Committee membership should include individuals from homeless service provision agencies. Members should serve staggered terms.**

Specific responsibilities of the Homeless Advisory Committee should include formulating creative solutions to the problem of homelessness; acting as an advocacy group in support of homeless programs; soliciting alternative sources of funds to establish new programs and maintain current homeless programs; encouraging private sector involvement in the homeless service system; developing a plan to recruit volunteers to work with the homeless in Howard County; and providing advice to county officials to assist in their planning for future shelters and supplementary services.

**Recommendation: Howard County should study the pros and cons of developing additional bed space for homeless persons through building new facilities versus expanding the motel voucher program.**

Quantitative data show that the number of people refused shelter has been increasing and will probably continue to increase due to greater demand and clients' longer average lengths of stay. The facility expansions of the past year will help to alleviate the problem but will not totally solve it. In

order to provide shelter to an increasing number of people, it will be necessary to further increase shelter capacity and/or provide more motel vouchers.

**Recommendation: Howard County should address the need for additional low-cost housing.**

A shortage of low-cost housing has been cited as one of the causes for increased demand for emergency shelter and increased lengths of stay at those shelters by homeless families. When there is not an adequate supply of affordable housing, increasing numbers of low-income families are forced into homeless status. Furthermore, once these families enter homeless shelters, they are hindered from moving to more permanent residences by the same shortage of low-cost housing.

**Recommendation: Howard County should study the need for additional emergency shelter for individuals with special problems such as emotional handicaps or substance abuse who cannot be accommodated by existing shelter programs.**

Quantitative data show that an increasing number of individuals are being refused shelter because existing facilities cannot accommodate their special needs. Although health and social service programs exist to assist these homeless people, there appears to be a shortage of shelter facilities for individuals with special problems.

# INTRODUCTION

The Department of Citizen Services of Howard County commissioned the Institute for Governmental Service (IGS) of the University of Maryland System to conduct a study of homeless services in the county. The Institute is a public service unit of the University that provides a wide range of research, consulting, technical assistance, information, and general studies to state agencies and local governments in Maryland.

Homelessness is a growing problem in our society which is getting increasing attention in politics, the media, and casual conversation not only because of the growing numbers, but also because of the broad spectrum of persons who are homeless. These include men and women, children and adults, families and single persons, and the employed and the unemployed. In addition, homelessness as a form of existence is more prevalent than it has been since the Great Depression. While the problem has always been particularly noticeable in the central "downtown" districts of so many major cities across the country, homelessness outside the central cities has traditionally been less evident. In recent years this has changed dramatically; homelessness is becoming a major problem in many suburban and even in rural areas across the country.

Howard County, Maryland is a quickly developing county with a 1987 population of 154,304. The county is situated between the metropolitan areas of Baltimore, Maryland and Washington, D.C.

According to projections of total households from the Howard County Office of Planning and Zoning, Howard County's population will grow to about 178,413 in 1990; 218,586 in 1995; and 253,416 in the year 2000.[1] Population growth over the entire period will equal 99,112 new residents, an overall increase of 64.2 percent.

Like many similar jurisdictions, Howard County has experienced an increase in homelessness over the past few years. As the problem of homelessness has become more pronounced, the county has made a substantial financial commitment to addressing the needs of the homeless. For example, in FY 1989 Howard County provided grants-in-aid totaling $614,000 to four private, non-profit organizations that provide emergency shelter and programs designed to prevent homelessness. In addition, the county provided $200,000 and obtained $200,000 in matching state funds for a 20-bed addition to the Harriet Tubman Center shelter facility. With the help of state and federal funds, the county also undertook a $380,000 renovation to convert the existing facility at Harriet Tubman into a 12-bed transitional shelter.

In December 1988, Howard County created an interim central access center for homeless services based on recommendations of a Task Force on Homelessness which had been established by the county executive. The FY 1990 budget includes $120,000 to

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[1]The Howard County Office of Planning and Zoning provided projections of numbers of households for the period 1987-2005. The Institute for Governmental Service converted these to population projections.

establish a formal Homeless Service Center to serve as a focal point for homeless services in Howard County.

There are three primary purposes of this study. The first is to evaluate existing homeless services, and the second is to develop a comprehensive shelter and general service delivery plan for Howard County's homeless population. The third is to conduct a formative evaluation of this program during the first year of its operation. This report represents the completion of the first phase of the study, encompassing purposes one and two: evaluation of existing services and development of a service delivery plan. The second phase will take place during the upcoming year and will encompass the third purpose, a formative evaluation of the service delivery plan.

In order to assess the need for homeless services in Howard County and to design a realistic service delivery plan for the homeless, the Institute study team first collected and analyzed the following:

- descriptions of current homeless services provided by agencies or organizations in Howard County
- quantitative data on these services, e.g. clients served and clients refused service
- results of interviews with Howard County officials and citizens
- comparative information from homeless service programs of other jurisdictions.

Based on this information, the study team identified issues and problems that the county must address and developed

recommendations to improve service delivery to Howard County's homeless population. The Institute designed a homeless service delivery plan for consideration by county officials. Once the plan has been accepted, the study team will develop standards and criteria to measure the effectiveness of the new program during its first year of operation.

## CURRENT HOMELESS SERVICE PROGRAMS

This section describes the programs provided by the primary homeless service agencies in Howard County. These agencies include three private, non-profit agencies: the Community Action Council (CAC), Citizens Against Spousal Abuse (CASA), and Grassroots.[2] Two government agencies, the State Department of Social Services (DSS) and the Howard County Department of Housing and Community Development (DHCD), are also involved. Although these agencies provide many services that are beyond the scope of homeless programs, only homeless programs will be described here.

### Community Action Council (CAC)

The Community Action Council (CAC) is a private, non-profit agency that provides case management and financial assistance to clients once they have exhausted all of the other short-term services available to homeless persons in Howard County. The primary focus of CAC regarding homeless services is eviction prevention through rental assistance. The agency also distributes motel vouchers to persons in need of shelter. During FY 1989, CAC received a Howard County grant-in-aid of approximately $127,000. In addition, Howard County began to fund

[2]There is a fourth private agency, Vantage Place, which was not reviewed as a part of this study. Vantage Place received over $100,000 from Howard County in FY 1989 to provide emergency housing for five clients who are psychiatrically disabled.

CAC in December 1988 to serve as the interim central access center for the county's homeless programs.

The agency employs four community workers, two of whom work with homeless families who have children eligible for the Head Start program. The remaining two community workers assist all other clients who need housing assistance. CAC coordinates its efforts with the Department of Social Services (DSS), Grassroots, and Citizens Against Spousal Abuse (CASA).

The Department of Social Services generally refers clients to CAC for supplemental benefits. The maximum grant a client may receive from CAC is $350 annually for rental assistance. For clients in need of shelter, CAC provides motel vouchers if emergency shelters are full and if CAC has funds available. Motel vouchers are usually provided for no more than two weeks. During this time, meals may be provided through the Food Bank, and CAC community workers help clients to find more permanent housing arrangements.

**Citizens Against Spousal Abuse (CASA)**

Citizens Against Spousal Abuse (CASA) operates a shelter and provides supportive services for women who are victims of spousal abuse and their children. During FY 1989, CASA received a grant-in-aid of $84,000 from Howard County. The agency has two townhouses that will accommodate a total of 15 individuals. This usually allows shelter for only a few families at a time.

Supportive services for CASA clients include:

- 24-hour, crisis intervention helpline for victims of abuse
- support groups for victims of battering and individuals who grew up in homes where battering occurred
- advocacy on behalf of the battered
- information and referral to complementary resources
- limited transportation for medical treatment, employment, job searches, training opportunities, and housing
- limited financial assistance for housing security deposits and legal services
- case management to help clients return to self-sufficiency.

**Grassroots**

Grassroots is a private, non-profit agency in Howard County that provides shelter to homeless persons. In addition, Grassroots operates a hotline that provides both individual crisis intervention and homeless information. Grassroots has a small paid staff and makes extensive use of volunteers to provide its homeless and crisis intervention services. During FY 1989, Grassroots received a Howard County grant-in-aid of over $285,000. Grassroots also received county, state, and federal funds for the additions and renovations to the facilities discussed below.

Grassroots houses clients at the Harriet Tubman Center in either the single-bed shelter, used for single individuals without long-term housing placement needs (such as transients or runaways), or the on-site apartment, which is used for family

groups and for individuals who require housing placement services.[3] From FY 1986 through FY 1989, the Harriet Tubman Center has had a 12-bed capacity. In FY 1989, the county and state split the $400,000 cost of a 20-bed addition. Although construction of the addition is complete, only 12 beds are currently serving homeless clients because the remaining space is being used for Grassroots' offices pending completion of renovations to the original Tubman shelter. Once the renovations are complete, the original shelter will provide office space and transitional housing for 12 people, and the addition will operate at its designed capacity of 20 beds. The entire shelter will then have a total of 32 beds available.

The Grassroots Hotline Program is a telephone counseling service provided to the entire Baltimore Metropolitan area. The main purpose of the hotline is crisis intervention, but information and assistance regarding housing problems are also available. This portion of the Hotline Program is referred to as the Homeless Information Center. Homeless callers may receive shelter directly from Grassroots or information and referrals to other agencies and services located in the metropolitan area.

Persons may be refused shelter by Grassroots if their facilities are full. Also, a prospective client may be refused because Grassroots personnel determine that the facility cannot

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[3]During FY 1986 and FY 1987, Grassroots also operated the Audrey Robbins Shelter, a small transitional facility that has been closed.

appropriately serve the particular needs of a client. For example, clients who have severe mental or physical impairments or handicaps are considered "inappropriate" because Grassroots' programs and facilities are not equipped to accommodate them. In addition, such persons, particularly those with mental and substance abuse problems, could pose a threat to other clients. Finally, some individuals may not be allowed to stay due to personal misconduct, particularly if they have used the facilities before and have not adhered to the rules.

**Department of Social Services (DSS)**

The Howard County Department of Social Services (DSS), an agency of the State Department of Human Resources, offers a variety of programs for Howard County citizens who are either homeless or residing in uninhabitable homes. The services DSS has provided include: motel vouchers for emergency shelter, counseling and case management, cash assistance, transportation, food, and assistance with applications for other social service programs. In addition, DSS dispenses funds for the state Homeless Service Program. In FY 1989, the motel voucher program at DSS was consolidated with the services that CAC provides.

**Department of Housing and Community Development (DHCD)**

The Howard County Department of Housing and Community Development (DHCD) offers financial assistance either directly or indirectly to citizens who are homeless or residing in

uninhabitable homes. First, DHCD distributes state funds in its Rental Allowance Program to provide limited rental assistance for up to six months. Second, DHCD recently gave CASA a grant which would provide transitional housing to homeless spousal abuse victims. Third, Section-8 certificates are granted to persons who are homeless as a result of fire, flood, or other natural disasters. The certificates give priority to such persons for Section-8 low-income housing.

## QUANTITATIVE DATA

This section examines historical trends in the need for services to the homeless and the extent to which this need has been met and presents projections of future need and service. Data used for the analysis include results of annual surveys for FY 1987 and FY 1988 conducted by the Maryland Department of Human Resources (DHR); quarterly reports that Grassroots, CASA, and CAC submitted to Howard County from FY 1986 through the first half of FY 1989; and monthly activity reports that DSS submitted to Howard County from January through August 1988 which have been supplemented by information gathered in telephone conversations with agency officials. Tables and figures are in Appendix A.

### Historical Trends in the Need for Shelter

Data provided by DHR support the perception that the problem of homelessness has been increasing. Statewide, the need for shelter, as measured by the number of persons provided shelter plus those seeking service who were turned away (refusals), increased by 15 percent between FY 1987 and FY 1988.[4] In central Maryland counties, the increase was 29 percent. According to the DHR data, Howard County experienced a 26 percent growth in need

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[4]The DHR FY 1987 report states, "Although the number of turnaways reported may reflect a duplication of individuals, it also reflects undercounting of the population. Thirty-six percent of the programs reported that although they turned away individuals, they did not keep records of this data."

with 1,181 persons seeking shelter in FY 1987 and 1,493 persons seeking shelter in FY 1988. (See Table A-1.)

Quarterly reports for Grassroots show an increase of 80 percent in the number of persons seeking shelter from 706 (an average of 14 per week) in FY 1986 to 1,271 (an average of 24 per week) in FY 1988. (See Table A-2.) Limited refusal data were available for the CASA program, so it was not possible to determine whether the number of battered women seeking shelter has been increasing. Because service and refusal data for the motel voucher program were incomplete, it was not possible to confirm whether the need for this program has been increasing. However, it seems reasonable to assume that the need for motel vouchers would follow the same trend as demand for shelter at Grassroots. To the extent that Grassroots must turn away more homeless people, the need for motel vouchers is likely to increase.

**Historical Trends in Service**

According to DHR data, during FY 1987-FY 1988 when need in Howard County increased by 26 percent, actual numbers of people provided shelter (either directly or through motel vouchers) increased by 28 percent. (See Table A-1.) However, data from Grassroots and CASA suggest that the increase in people served has occurred through motel vouchers, not through provision of direct shelter. The Grassroots and CASA data show that during the same period, the numbers of people provided direct shelter

declined. (See Table A-3.) In fact, numbers of people sheltered by Grassroots dropped steadily from 435 in FY 1986 to 234 in FY 1988 but showed a slight upsurge to 131 in the first half of FY 1989. Numbers of people sheltered by CASA increased between FY 1986 and FY 1987 from 110 to 140 but then dropped to 83 in FY 1988 and 32 during the first half of FY 1989.

Although the number of persons provided direct shelter by Grassroots and CASA has been declining, both programs have shown steady increases in service as measured by the number of shelter-nights provided.[5] (See Table A-3.) Between FY 1986 and FY 1988, shelter-nights provided by Grassroots increased by 59 percent from 2,490 to 3,955, while shelter-nights provided by CASA increased by 53 percent from 1,357 to 2,071. Shelter-nights during the first half of FY 1989 exceeded values for the first half of all previous fiscal years for both Grassroots and CASA suggesting that the upward trend is continuing.

The increase in shelter-nights provided despite a decrease in the number of persons sheltered is due to an upward trend in the average length of stay for homeless shelter clients. (See Table A-3.) For Grassroots, that average rose from 6 nights in FY 1986 to 17 nights in FY 1988. Although the 14-night average in the first half of FY 1989 appears to reverse this trend, a closer review of the data reveals that this is the longest

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[5]One shelter-night represents one individual sheltered for one night. Thus, ten shelter-nights could represent one individual sheltered for ten nights or two individuals sheltered for five nights, etc.

average length of stay in the first half of any fiscal year reported by Grassroots. (See Table A-4.) At CASA, the average length of stay increased from 12 nights in FY 1986 to 25 nights in FY 1988 and continued its increase to 39 nights in the first half of FY 1989 (Table A-3).

A partial explanation for the increased length of stay at Grassroots is that the composition of Grassroots' clients has changed over the years. (See Table A-3.) In FY 1986, Grassroots classified 85 percent of the people sheltered as "short-term" clients because of the nature of their homelessness. This group included transients and runaways for whom it was not necessary to find permanent lodging. By FY 1988 and the first half of FY 1989, the "short-term" clients comprised only about half of the people sheltered by Grassroots. Grassroots' clients were more likely to be homeless families who needed help finding a permanent residence. However, even among those characterized by Grassroots as "long-term" clients, the average length of stay has been increasing. (See Table A-3.) In FY 1986, a "long-term" client stayed an average of 24 nights while by FY 1988, a "long-term" client stayed an average of 32 nights. According to representatives of Grassroots, it has become more difficult to find permanent, low-cost housing for homeless families.

Because of differences in the various agencies' reports for the motel voucher program and gaps in the periods for which these reports were available, the study team was unable to confirm that the total number of persons provided shelter through motel

vouchers has been increasing.[6] Data show that the number of households receiving motel vouchers from CAC has been increasing. (See Table A-5.) CAC provided motel vouchers to 5 households in FY 1987, 28 households in FY 1988, and 14 households in the first half of FY 1989. Based on an estimated 2.7 persons per household, these motel vouchers afforded shelter to 14 people in FY 1987, 76 people in FY 1988, and 38 people in the first half of FY 1989. Data regarding the DSS motel voucher program were incomplete.[7] The DSS motel voucher program was consolidated with the CAC program in FY 1989.

Numbers of clients served by other CAC programs, including housing counseling, housing information and referral, and rent assistance to prevent eviction have been decreasing since FY 1987. (See Table A-5.) According to CAC officials, reliance on the annual renewal of governmental grants contributes to erratic funding levels and fluctuations in the number of clients that can be served in these programs. The DHCD rent assistance program served 25 families in FY 1987, 120 families in FY 1988, and 8

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[6]In most cases, numbers of households provided motel vouchers were reported, while in some cases, numbers of persons served, numbers of bed-nights provided, or dollar amounts disbursed were reported.

[7]The Institute received the data from the Monthly Activity Reports, of the Homeless Service Program which DSS submitted to the Howard County Department of Citizen Services for the period January through August 1988.

families in the first half of FY 1989.[8] Complete data regarding the DSS rent/mortgage assistance program were available only for January through August 1988. In that period, DSS served 109 individuals.[9]

Further analysis is required to determine whether decreases in the numbers of clients served by housing counseling, information and referral, and rent assistance programs are due to operational problems and erratic funding or to decreases in the numbers of people requiring these services. Housing counseling, information and referral, and rent assistance programs have the potential for slowing growth in the homeless population by helping clients to avoid becoming homeless. If clients needing these services could not be served due to operational problems or erratic funding, these clients may have contributed to the observed increase in demand for emergency shelter over the past few years.

**Historical Trends in Refusals**

As noted earlier, comprehensive data regarding refusals are available only for Grassroots. The number of homeless refused shelter at Grassroots grew by 283 percent from 271 (an average of

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[8]Data received during a telephone conversation with Deborah Galinsky, Howard County Department of Housing and Community Development, May 22, 1989.

[9]Data are from the Monthly Activity Reports of the Homeless Service Program which DSS submitted to the Howard County Department of Citizen Services, January through August 1988.

5 per week) in FY 1986 to 1,037 (an average of 20 per week) in FY 1988.[10] During the first half of FY 1989, there were 432 persons (an average of 17 per week) refused shelter. (See Table A-2.) As shown in Table A-6, the vast majority (75 percent to 90 percent) of refusals during FY 1986-FY 1989 occurred because the facility was full. The percentage of homeless people refused shelter because they were considered "inappropriate" for the Grassroots program has remained in the 10 percent range over the years. However, the actual number of these people more than doubled from 35 in FY 1986 to 72 in FY 1988 and is continuing to increase. The number of people refused shelter at Grassroots because they failed to follow shelter rules is generally increasing, with 37 such people reported in FY 1988 and 29 in the first half of FY 1989.

The explanation for the upward trend in refusals is two-fold. First, refusals have been increasing because demand has increased while the number of beds has remained constant. Second, refusals have been increasing because the average length of stay of clients has been increasing, thereby reducing the availability of beds.

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[10]It should be noted that the number of refusals Grassroots reported for FY 1988 (1,037) exceeds the total number of turnaways that DHR reported in Howard County for FY 1988 (973). While Grassroots makes an effort not to double count persons refused shelter, it is possible that some double counting occurs. Furthermore, DHR acknowledges that its data may reflect undercounting because some programs do not report refusals.

**Projections**

Projections of the need for shelter, individuals served, and refusals have been made for the remainder of FY 1989 and for FY 1990 based on the historical data documented above.[11] It should be emphasized that these projections are merely estimates based on the assumption that the trends of the past three-and-a-half years will continue. The projections do take into account some known changes, namely the expansion of the Harriet Tubman Center from 12 to 20 beds for the general homeless population and the addition of a 12-bed transitional facility at the Center. It was assumed that these facilities would become available at or near the beginning of FY 1990.

Figure A-1 shows the historical demand (defined as the sum of persons sheltered and persons refused shelter) at shelters operated by Grassroots and the projected demand at the Harriet Tubman Center in FY 1989 and FY 1990. It is estimated that a total of 1,480 people (28 per week) will seek shelter at Grassroots in FY 1989 and 1,760 people (34 per week) will seek shelter there in FY 1990.

Figure A-2 shows historical data on shelter-nights provided by Grassroots and the projected number of shelter-nights that could be provided in FY 1989 and FY 1990 at the 20-bed general shelter and shown separately, at the new 12-bed transitional

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[11]For a discussion of the methodology used to make projections, see Appendix B.

facility. The projections assume that the facilities will be operating at 90 percent capacity.[12]

The study team based projections of the number of people Grassroots will shelter in FY 1989 and FY 1990 on three scenarios. (See Figure A-3) Under Scenario A, it is assumed that the average length of stay for the general shelter will continue to increase as it has over the past three-and-a-half years. Under Scenario B, it is assumed that the average length of stay in the general shelter will level off at its FY 1988 value of 17 nights. Under Scenario C, it is assumed that the average length of stay in the general shelter will remain at 14 nights which is the average reported for the first two quarters of FY 1989. All three scenarios assume an average length of stay of 6 months (180 nights) in the new transitional shelter. The number of people served is computed by dividing shelter-nights at each type of shelter by average stay at each type of shelter and summing the two quotients.

As shown in Figure A-4, if lengths of stay continue to increase (Scenario A), Grassroots will shelter an estimated 180

[12]The percentage of capacity being utilized at the Harriet Tubman Center has been increasing over the past few years and reached 90 percent in FY 1988 (See Appendix B, Table B-2). The study team viewed 90 percent as an optimistic practical limit. It signifies that, on the average, 18 of the 20 beds in the general shelter and 11 of the 12 beds in the transitional shelter will be occupied on any given night. Such a high rate is difficult to achieve even when demand exceeds supply because of day-to-day fluctuations in the number of people seeking shelter and because of the varying sizes of families who are sheltered as groups.

people in FY 1989 and 260 people in FY 1990. If lengths of stay level off (Scenario B), Grassroots will shelter an estimated 230 people in FY 1989 and 410 people in FY 1990. Finally, if lengths of stay decrease (Scenario C), Grassroots will shelter an estimated 280 people in FY 1989 and 490 people in FY 1990. Thus, only under the most optimistic of the three scenarios will the number of persons sheltered by Grassroots in FY 1990 exceed the number sheltered in FY 1986.

Figure A-5 shows historical data on the number of people refused shelter by Grassroots and projections for FY 1989 and FY 1990 based on the same three scenarios as were used to project people served. If lengths of stay continue to increase (Scenario A), Grassroots will refuse shelter to an estimated 1,300 people in FY 1989 and 1,500 people in FY 1990. If lengths of stay level off (Scenario B), Grassroots will refuse shelter to an estimated 1,250 people in FY 1989 and 1,350 people in FY 1990. Finally, if lengths of stay decrease (Scenario C), Grassroots will refuse shelter to an estimated 1,200 people in FY 1989 and 1,270 people in FY 1990. Stated in weekly terms, Grassroots will refuse shelter to between 23 and 25 people per week in FY 1989 and between 24 and 29 people per week in FY 1990. Thus, even under the most optimistic of the three scenarios and considering the recent expansion at the Harriet Tubman Center, the number of homeless people who cannot be sheltered is expected to increase. Under all three scenarios, the total number of individuals expected to be refused shelter by Grassroots in FY 1990 will

include an estimated 120 people that Grassroots considers inappropriate for their program. (See Figure A-6.)

Because complete refusal data were not available for CASA, it was possible to project only numbers of persons sheltered and shelter-nights provided (see Figures A-7 and A-8), but not need for service or refusals. The projections reflect a continued decrease in persons sheltered to 60 in FY 1990 but a continued increase in shelter-nights provided to 2,870 in FY 1990. As discussed earlier, these opposing trends are associated with the continuing increase in the average length of stay.

The number of vouchers that can be issued is clearly a function of funds available. Thus, future Howard County budgetary decisions and grants from outside sources, rather than historical trends, will determine the numbers of households that can be served by this program in upcoming years. It seems reasonable, however, to consider the number of persons refused shelter by Grassroots to be an indicator of demand for motel vouchers. Assuming an estimated 2.7 people per household, demand for motel vouchers would grow to between 440 and 480 households (about 9 households per week) by the end of FY 1989 and to between 470 and 560 households (9 to 11 per week) by FY 1990. Assuming an average two-week motel stay per household at $30 per night, about $200,000 would have been required in FY 1989 and about $225,000 would be required in FY 1990 to provide motel vouchers to everyone turned away by Grassroots.

## INTERVIEW DATA

During the course of the data gathering phase of this project, the IGS study team interviewed several county officials and community leaders who are either involved in providing services to the homeless or who are knowledgeable regarding homeless issues in Howard County. For a complete list of individuals interviewed for this section of the study and the questionnaire upon which these interviews were loosely based refer to Appendix C. The questions were broad and open-ended in order to give the respondents ample opportunity to express their viewpoints regarding existing homeless problems, and to recommend solutions to these problems. The Institute study team took into account this perceptual information in the design of a new homeless service delivery program for Howard County.

### Respondents Viewpoints

The study team discovered that there was unanimous agreement on a number of homeless issues. Everyone interviewed seemed to think that the primary cause of homelessness among residents of Howard County is an inadequate stock of low and moderate-income housing. Two respondents noted that while original plans for the Columbia community called for the development of low-income housing equalling ten percent of the total housing stock, in fact, only three percent of Columbia's existing homes may be classified in this category.

Another area of general agreement involved the perceived lack of coordination of current homeless services in Howard County. Viewpoints concerning how well these services are presently coordinated among the several provider agencies ranged from "practically non-existent" to "fair." Even those who ranked coordination efforts as fair stated that any coordination among agencies that provide homeless services is usually ad hoc rather than planned. In other words, an agency or plan that promotes or administers coordination among the county's homeless service agencies in a consistent and continuing manner does not currently exist. As a result, efforts to aid the homeless are fragmented, and all resources that could be available to tackle the problem are not being effectively used.

One specific criticism often mentioned by interviewees outside the government is that the county could make more use of private businesses, religious organizations, and individual volunteers. County officials responded that in contracting with non-profit agencies to provide homeless services, the county expects these agencies to establish working relationships with business and religious groups and volunteers. Several respondents said they believe county officials are sincere in their attempts to battle homelessness in Howard County. They noted the county's generosity in supplying needed funds for individual shelters and other homeless programs as evidence of this sincerity.

At the present time, short-term shelter needs in Howard County are served by CASA, Grassroots, and the motel voucher program. Comments regarding CASA's efforts were for the most part complimentary, although it was suggested that "battered women" in Howard County need more beds than are currently available. On a fairly regular basis, Grassroots, the Community Action Council, and the Department of Social Services try to act as facilitators to provide temporary shelter for potential clients of CASA.

Some interviewees faulted the Harriet Tubman facility, operated by Grassroots, for its relatively inaccessible location. In addition, Grassroots was criticized for using a laborious intake process and because it does not provide beds for homeless people who have mental, alcohol, or drug-related problems. Regarding the last criticism, it may be that Grassroots is being blamed for a shortcoming in the county's homeless program over which it does not have control.

Problems were also raised regarding the motel voucher program which provides emergency shelter for many homeless not served by either CASA or Grassroots. While motel vouchers are better than "sleeping on the streets," there are several deficiencies with this program. First, it is often difficult to contract with motels to provide shelter to the homeless. Second, housing a whole family in one or two motel rooms for any extended period of time is not conducive to either the physical or mental

well-being of the family members. Finally, it is difficult to provide effective case management in motel situations.

According to most of the interviewees, the inadequacies found in the short-term homeless programs in Howard County carry over and may adversely affect long-term solutions. Several interviewees echoed the same primary contention that very little thought has been given to long-term solutions to the homeless problem in the county. Several factors were cited to support this assertion. First, the lack of transitional housing and the inadequacy of low or moderate-income housing stock works against permanent solutions to homelessness. Second, ignoring the fact that a large percentage of the homeless have mental, alcohol, or drug-related problems and failing to establish coordinated treatment programs to combat these problems also work against lasting solutions. Third, inadequate case management and follow-up of clients once they leave short-term shelters promotes a "revolving door" system of handling homelessness. Fourth, the lack of a partnership among public/private/non-profit organizations and the lack of an agency "in charge" to combat the homeless dilemma significantly lessen the chances of improving the situation on a long-term basis.

**Recommended Solutions**

Although unanimity did not exist in all cases, there was consensus among those interviewed that the county must take

action in the following areas to address adequately the homeless problem in Howard County.

- construct or develop additional short-term shelters and transitional housing
- plan for more low-income and moderate-income housing in the county
- improve coordination of services for the homeless
- improve transportation for homeless clients
- provide more comprehensive case management
- treat both short-term as well as longer-term needs of homeless individuals
- establish a tracking system of county-served homeless clients
- monitor the quality of homeless services provided
- establish a partnership among public/private/non-profit organizations to help the county care for the homeless.

## COMPARATIVE DATA

In order to help Howard County officials determine the types of efforts that are working well in the fight against homelessness, the Institute study team collected information on programs to serve the homeless in a sample of five suburban counties. (See Appendix C.) The Institute interviewed representatives of departments and agencies in charge of such programs in person and conducted follow-up interviews over the telephone in all cases except one (Westchester County, New York) in which both interviews took place over the telephone. In addition, written materials were collected from each of the counties in the sample. The sample counties include Anne Arundel County (population 421,309), Baltimore County (population 682,118), Montgomery County (population 675,000), and Prince George's County (population 696,500) in Maryland and Westchester County (population 879,190) in New York State. The sample represents the Baltimore, Washington, D.C., and New York City metropolitan areas.

During the first stage of interviews the Institute study team asked county officials a series of questions regarding the problem of homelessness currently and in the near future, as well as the content and organization of their homeless programs. During the second stage of interviews more specific questions were asked about program content and organization. (See Appendix C.) First, the interviewers asked officials about the handling

of homeless intake, referral, and service provision. Second, officials answered questions concerning the types of case management offered homeless clients and how each county coordinates these efforts among different agencies and departments. Third, questions regarding data collection and client tracking were asked of county officials. Finally, officials were asked whether their county has a homeless advisory committee and, if so, what the advantages and disadvantages are to having one. The following sections describe these aspects of programs for homeless persons in each of the five sample counties.

**Anne Arundel County**

**Homeless Intake, Referral, and Service Provision**

The Department of Social Services (DSS) in Anne Arundel County is the lead agency that coordinates intake, referral, and service provision for homeless clients in the county. However, there is no single access point for homeless services. If a client of Social Services needs a place to stay (in addition to other services offered by DSS), the social worker will refer the client to Sarah's House (the county's 68-bed homeless shelter), St. Vincent DePaul, the Salvation Army, or to one of the other Church shelters in the county. Conversely, a client could be served first by Sarah's House for immediate shelter needs and then referred to a division within the Department of Social Services or the county health department for supportive services.

## Case Management

Case management responsibilities appear to be shared and coordinated between social workers at DSS and the direct shelter providers. An especially effective relationship regarding case management exists between DSS and Sarah's House. Caseworkers at both organizations work with the same clients over a period of time to determine that they are receiving the services they need, to assess their progress, and to help them make a transition into more normal living conditions with permanent housing arrangements.

Sarah's House is also capable of sheltering homeless people with special conditions including the physically handicapped. In addition, they are adding beds for the mentally ill. Finally, transitional shelter is available at Sarah's House for clients who need shelter for longer periods of time.

## Tracking

The various agencies that provide direct shelter and DSS fill out forms with information about homeless clients which they share with each other. A database of this information with monthly statistics is maintained on a computer.

## Homeless Advisory Committee

Anne Arundel County has a Homeless Services Board which meets every two to three months and is composed of members of service provider agencies, one member from the Governor's

Advisory Board, and private citizens. There are no business persons on the board, although county officials feel that the board would benefit from business membership. There is talk about creating a new board with the help of the Chamber of Commerce in order to include such interests as construction, real estate, and development.

Finally, Anne Arundel officials value their Homeless Services Board because it exposes the county executive to the problems associated with homelessness and develops ideas to address them. The board is also an advantage because it isolates the executive's office from the politics of funding. In order for such boards or committees to have an impact on the problem, however, Anne Arundel County officials insist that they must have staff support from the county executive's office. In addition, the committee chairperson should not be affiliated with any of the service provider or government agencies which are direct beneficiaries of government funds. Third, the chairperson must understand the issues regarding homelessness and still be reasonably neutral. The chairperson of Anne Arundel County's Homeless Services Board is with the Red Cross which does not provide actual shelter. However, county officials mentioned that disagreement between the county executive and an advisory committee can complicate the work of service provider agencies if their representatives are unsure to whom they should respond.

**Baltimore County**

**Homeless Intake, Referral, and Service Provision**

In Baltimore County, homeless clients may enter the county service provision system by applying either at a shelter for aid or at a newly established coordinated homeless services unit within the Department of Social Services (DSS). Whichever the entry point, caseworkers within DSS and individual shelters attempt to work together to provide immediate lodging needs as well as supplemental services to eligible homeless clients.

**Case Management**

A formal interagency case management system does not exist at the present time in Baltimore County. However, the establishment of an interdepartmental unit to provide improved coordination of case management efforts is currently being discussed. Representatives from agencies that provide services to the homeless have met three times in recent months to discuss this concept and how it could be funded, staffed, and organized. The representatives appear to favor establishing a "one-stop" Family Resources Department. One responsibility of this department would be to serve the needs of the county's homeless population in a more comprehensive fashion.

**Tracking**

One concrete outcome of the recent interagency meetings has been the development of two information-gathering forms

(currently in draft stage). The agencies will use one of the forms for client referrals and the other for gathering general information about the numbers and characteristics of homeless people in the county. The proposed plan is for each agency to complete the first form before referring clients to other agencies. In addition, each agency will complete the second form during the homeless intake process and then send it to a lead collection agency (not yet decided), where the data will be processed and entered into a central data collection bank. The agencies will use the information to estimate the number of homeless persons in the county and to determine the need for particular services for the homeless.

Again, both forms are presently being developed and have not yet been put into use. The main problem with using such forms is in maintaining the confidentiality of clients; however, Baltimore County officials claim that there are no legal restrictions on such information as long as the agencies obtain client signatures.

**Homeless Advisory Committee**

At the present time, Baltimore County does not have a Homeless Advisory Committee.

**Montgomery County**

**Homeless Intake, Referral, and Service Provision**

Montgomery County does not have an independent or "stand-alone" agency that provides and coordinates all services for the homeless. There is no central point of entry into the homeless service provision system in Montgomery County. A homeless client may enter the system through a particular shelter or by applying at any of the several county agencies that provide services for the homeless. In fact, these services are deliberately decentralized and shared by several county departments.

The Department of Family Resources assumes the lead responsibility in programs for the homeless in the county. Their staff members research effective methods of helping the homeless (including the efforts of comparable jurisdictions), seek grants, provide lobbying efforts, and facilitate resource and program development. The Department of Addiction, Victims, and Mental Health Services provides support services to homeless clients who are mentally ill or have substance abuse problems. The Department of Housing works on the development of transitional housing projects. The Department of Social Services is the lead advocate in "preventive homeless programs" and specifically targets homeless families, rather than individuals, as their clients. Individuals are usually served by the Department of Family Resources as well as specific shelters that operate single-person facilities. Finally, the Health Department

coordinates and offers specific physical health services for homeless people.

In addition to the service provider agencies, there is a "homeless hotline" that refers homeless clients to individual shelters and/or service provider agencies. Also, with the help of Catholic Charities, Montgomery County recruits and trains volunteers who work with the homeless.

**Case Management**

There is no single program management or individual case management system in Montgomery County. The Department of Family Resources is a strong coordinator of homeless service programs because the county government channels the vast majority of federal, state, and county homeless funds through this department to other provider agencies. The Department also creates and fosters linkages between government agencies and the private and non-profit sectors to promote the funding and operation of homeless programs. The county executive views homelessness as a community responsibility, not just a government concern.

The Department of Addiction, Victims, and Mental Health Services acts as the primary advocate for effective case management among homeless programs. This department has been given the responsibility (though not necessarily the authority) to work with management among other homeless service provider agencies to improve case management.

**Tracking**

Montgomery County does not currently track homeless clients, although the Maxima Corporation is designing a homeless client tracking system for the county. The development of this system has been slow because concerns about the confidentiality of clients have complicated the design. The county believes an effective tracking system is a necessity, however, and will continue to press for its development and implementation.

**Homeless Advisory Committee**

Montgomery County does not have an officially sanctioned homeless advisory committee; however, two homeless advocacy groups are active in the county. One group is the Task Force for the Homeless whose membership includes representatives from all county homeless service provider agencies. The overall purpose is to formulate creative and comprehensive solutions to homelessness in Montgomery County.

The Coalition for the Homeless is the second group. Its members are from non-profit agencies that provide homeless services in the county. The Coalition meets monthly to coordinate services and acts as an advocacy group in support of homeless programs. The group also encourages private sector involvement in the fight against homelessness. Area hotels donated 250 nights of shelter to the Coalition last year as a result of these efforts.

**Prince George's County**

**Homeless Intake, Referral, and Service Provision**

Prince George's County officials consider the Department of Social Services (DSS) as the lead agency for homelessness and the primary point of entry in the county. An information/referral hotline and three walk-in offices, all of which are operated by DSS, handle screening and intake. Employees and volunteers who work for the information/referral service screen clients and advise them regarding the services that are available to them. They advise eligible clients to go to the nearest walk-in office from which they may enter the system directly. Regardless, clients must go through screening and intake at one of the walk-in offices in order to receive service. If clients need shelter, they are referred to a shelter in the county or placed in the motel voucher program, if space is available.

**Case Management**

After screening at DSS, human service workers refer clients to other departments that offer entitlement programs for the homeless. When a referral is made to a shelter, caseworkers at that shelter offer counseling and help clients find permanent housing and employment, if needed.

**Tracking**

DSS employees handle tracking of only DSS homeless clients. The records are kept on the state's computer system. Once DSS

refers a case to a shelter, the case is closed and removed from the computer system. There is not sufficient staff to coordinate tracking with other agencies in the county.

**Homeless Advisory Committee**

Using an executive order, the Prince George's County executive established a Homeless Advisory Committee. Two county department heads chair the committee whose members represent government agencies, non-profit agencies, religious organizations, and businesses. The member representing business is a lobbyist for the Apartment Owners and Business Association.

The committee has been beneficial in attracting private funds to combat homelessness. Apartment complexes and religious organizations in the county each donate about $40,000 to $50,000 per year for the homeless, and the county government donates $30,000 per year for the inter-faith eviction relief project.

**Westchester County**

**Homeless Intake, Referral, and Service Provision**

The Department of Social Services (DSS) handles and coordinates homeless intake through its Office of Housing and its eight district offices. If they wish to receive homeless services, clients must go to one of these offices for screening and intake. If individuals need shelter, DSS caseworkers refer them to one of the shelter facilities for screening and intake processing. Additional screening and intake are required before

clients can obtain the supplemental services they often need. In addition to referring clients to shelter facilities and other non-profit agencies, DSS caseworkers oversee the operations of the shelters and complement the services these shelters provide.

**Case Management**

Department of Social Services caseworkers and homeless shelter caseworkers share and coordinate case management responsibilities through the DSS Office of Housing. When clients receive screening and intake at DSS, the caseworkers first help them to fill out forms for income maintenance programs offered through DSS and refer them to other departments that offer entitlement programs of benefit to homeless clients. While clients are in a lodging facility, shelter caseworkers offer both general and specific types of counseling, depending on clients' needs. General counseling refers to helping clients cope with the uncertainty of homelessness. Caseworkers offer specific counseling to clients with substance abuse problems and/or mental illness. In addition, caseworkers help clients look for permanent housing and jobs.

**Tracking**

In order to facilitate the tracking of homeless clients, shelter providers fill out forms and send them to the DSS district office that referred the client. The district offices compile the reports and send them to the Office of Housing.

**Homeless Advisory Committee**

Westchester County has had an advisory committee for the past three years. The county executive commissioned the committee which is composed of 15 members who represent such interests as the "person on the street," service providers, educators, and clergy. The county encourages the board to balance gender and ethnic and racial background among its members. The county executive appoints new members with the approval of existing members, all of whom serve one-year terms. The committee acts in an advisory capacity only, providing information, education, and lobbying. Committee members ease the public speaking load of the Department of Social Services. The County DSS officials who were interviewed by the Institute consider the committee an asset to the community and did not mention any disadvantages.

## FINDINGS AND RECOMMENDATIONS

This section summarizes the findings of the Institute study team concerning the need for and availability of homeless services in Howard County and presents recommendations for improving the county's program to address homelessness.

### Need for Homeless Services

As in similar jurisdictions, the number of homeless people seeking emergency shelter in Howard County has been increasing over the past three-and-a-half years. In FY 1988, according to data from the Department of Human Resources (DHR), nearly 1,500 homeless people (29 per week) sought shelter at agencies in the county. If the trends of the past three-and-a-half years continue, in FY 1990, 1,760 people (34 per week) will seek emergency shelter at the Harriet Tubman Center.

The factors contributing to the problem of homelessness are complex and extend beyond Howard County; however, a shortage of low-income housing has been cited as the primary reason for the increasing numbers of homeless persons in the county. A decrease in the number of families served by programs that might prevent homelessness, such as rent assistance, housing counseling, and housing referral and information, also may have contributed to an increased need for emergency shelter. As demand for emergency shelter has increased, agencies have had to turn away more and

more people due to lack of space. This has created a greater need for indirect assistance such as motel vouchers.

While emergency shelter is the most obvious service homeless people require, many of the homeless have other problems that either contribute to their homeless status or have been made worse by their homelessness. Some of these problems include alcohol abuse, substance abuse, violent behavior characteristics, and chronic unemployment. In the long term, the problem of homelessness may not be adequately addressed unless these other problems are considered as well. Because of the complexity of these problems, assistance may be required from a variety of sources including government and non-profit agencies, private businesses, and religious organizations. Therefore, coordination of services becomes an important task.

Quantitative data show that the number of homeless persons refused shelter because they had special problems, such as drug abuse or mental or physical disabilities has been increasing. While quantitative data were not available to demonstrate increased need for shelter for women who are victims of spousal abuse, officials who were interviewed believe that demand exceeds space available. Thus, in addition to the need for coordination among emergency shelters and health and social service agencies to address problems of the general homeless population, there appears to be a need for emergency shelters with specialized services and facilities to accommodate clients with special needs.

It should be emphasized that the homeless population is not a well-defined group. People who have shelter today may be among the homeless tomorrow. In addition, a portion of the homeless population are transients who may be homeless in Prince George's County on any given day or week and homeless in Baltimore City or in the state of Texas a few days or weeks later. More complete data are required on the number and characteristics of people seeking shelter in order to better define the size of the homeless population and the needs of the homeless in Howard County.

**Availability of Services**

Many services are available to homeless people in Howard County from both government and non-profit agencies. Individual churches also provide support to the homeless. The primary non-profit agencies serving the homeless are the Community Action Council (CAC), Citizens Against Spousal Abuse (CASA), and Grassroots. These agencies receive funding from county, state, and federal grants as well as other sources such as the United Way. The primary government agencies serving the homeless are the State Department of Social Services (DSS) and the County Department of Housing and Community Development (DHCD). Among the services provided are:

- emergency shelter for individuals and families and for women who are victims of spousal abuse
- indirect provision of shelter through the motel voucher and rent assistance programs and Section-8 low-income housing certificates

- counseling and assistance in finding permanent housing
- referrals for medical care and social service and related programs
- meals, directly or through the Food Bank
- limited transportation for medical treatment, employment, job searches, and training
- telephone hotlines for information and referral regarding emergency shelter.

The emergency shelter facilities receiving county funds are the Harriet Tubman Center, operated by Grassroots, and two townhouses operated by CASA.[13] County, state, and federal funds are being used to expand the Grassroots facility from 12 beds to 32 beds, including a 12-bed transitional shelter. The CASA facility houses up to 15 people, serving women who are victims of spousal abuse and their children.

Although shelter-nights provided has been increasing at these facilities, the number of homeless people provided direct shelter has been decreasing because average stays have become longer. Average stays have increased because the agencies are serving more families and fewer transients and it is becoming increasingly difficult to find permanent, low-cost housing for shelter residents. In FY 1990, even with additional beds at the Harriet Tubman Center, the number of people served will not

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[13]The county also provides funds to Vantage Place, an emergency shelter for five psychiatrically disabled individuals, which was not reviewed as a part of this study.

exceed FY 1986 levels unless the average length of stay drops significantly.

The number of homeless people to whom Grassroots cannot provide shelter has been increasing and is expected to continue to increase, even considering the additional capacity of the Harriet Tubman Center and a reduction in the average length of stay. Based on recent trends, the CASA program is expected to provide more shelter-nights of service but to shelter fewer individuals in FY 1990. Differences in reporting data for the motel voucher program and gaps in periods for which reports are available make it difficult to determine overall trends in the number of homeless sheltered through the combination of direct shelter and motel voucher programs.

**Issues Regarding Service Delivery**

The study team identified a number of issues regarding homeless services through the interviews with Howard County officials, officials in the non-profit agencies, and citizens. Some of these issues have been discussed in conjunction with the need for and availability of services. They include the shortage of low-income housing, the importance of addressing clients' problems which tend to keep them on the homeless rolls, and the need for additional emergency shelters, transitional housing, and shelter facilities for clients with special problems. The following issues pertain to service delivery:

- Howard County needs an agency that will serve as a focal point for homeless services. Such an agency would help to

ensure that programs operate in a complementary fashion and that services to individual clients are well-coordinated.

- Case management is important to ensure that the full range of client needs are addressed.
- The homeless need transportation services to get to emergency shelters and to programs providing health and social services.
- The county needs a client tracking system to enable caseworkers to follow a client's progress and to enable county officials to monitor program performance and plan for future needs.
- The county must work to involve private businesses, religious organizations, and individual volunteers more actively in the homeless service system.

Discussions with officials from other jurisdictions confirmed that they are wrestling with many of the same issues. None of the other jurisdictions has solved the problem of homelessness, but they are striving for long-term, transitional, and short-term solutions; developing mechanisms to coordinate service delivery; and utilizing partnerships among the government, private organizations, and individuals to tackle the problems of the homeless.

Howard County has taken some important steps in the past year toward addressing some of these issues. In particular, the county has undertaken facility renovation and expansion, including creation of a transitional shelter, and has established an interim central access center to improve coordination of services. This study represents another step toward identifying and implementing service improvements.

**Recommendations**

Based on the findings discussed above, the Institute study team has developed the following major recommendations.

**Recommendation: Howard County should extend the concept of the interim central access center by creating a permanent Homeless Service Center that would coordinate all of the homeless services and programs that the county provides.**

The Homeless Service Center should perform client intake, referral, and tracking functions; serve as a central information point regarding available services and job and housing referrals for the homeless; recruit and train volunteers; and compile and analyze data. Operation of the Homeless Service Center and design of a client tracking system are discussed in a later section entitled "General Service Delivery Plan."

**Recommendation: A Homeless Advisory Committee with a membership that includes representatives of public and non-profit agencies, religious organizations, and private businesses as well as individual citizens should be appointed by the county executive and county council. Committee membership should include individuals from homeless service provision agencies. Members should serve staggered terms.**

Specific responsibilities of the Homeless Advisory Committee should include formulating creative solutions to the problem of homelessness; acting as an advocacy group in support of homeless programs; soliciting alternative sources of funds to establish new programs and maintain current homeless programs; encouraging private sector involvement in the homeless service system; developing a plan to recruit volunteers to work with the homeless

in Howard County; and providing advice to county officials to assist in their planning for future shelters and supplementary services.

Under House Bill 1415, passed by the Maryland General Assembly, the Department of Human Resources mandates that local governments appoint a Homeless Services Board in order to receive state funds. Until now, DHR has not required that these boards perform particular functions or demonstrate a certain level of involvement in the local homeless service system. However, discussions are underway within DHR to identify ways of enhancing the role of these boards. Establishment of an active Homeless Advisory Committee in Howard County would be consistent with DHR's efforts and would be viewed as a progressive move by state homeless program officials.

**Recommendation: Howard County should study the pros and cons of developing additional bed space for homeless persons through building new facilities versus expanding the motel voucher program.**

Quantitative data show that the number of people refused shelter by Grassroots has been increasing and will probably continue to increase due to greater demand and clients' longer average lengths of stay. The facility expansions of the past year will help to alleviate the problem but will not solve it. In order to provide shelter to an increasing number of people, it will be necessary to further increase shelter capacity and/or provide more motel vouchers. However, one shortcoming of

providing shelter through motel vouchers is the difficulty of providing comprehensive case management to clients residing at motels.

Establishment of the client tracking system and standardized reporting within the Homeless Service Center will enable the county to plan for future program expansion. The county should also review programs that help prevent homelessness to confirm that they are serving fewer clients, determine the reasons for this trend, and determine whether this trend has contributed to the increased demand for shelter. In addition, the county should work with shelter providers to determine whether steps can be taken to reverse the trend toward longer average lengths of stay without sacrificing quality of service to clients. It may be that efforts to provide comprehensive services to clients will make it difficult to reduce lengths of stay, but these services should also reduce the proportion of people who re-enter the homeless system.

**Recommendation: Howard County should address the need for additional low-cost housing.**

A shortage of affordable housing has been cited as one of the causes for increased demand for emergency shelter and increased lengths of stay at those shelters by homeless families. When there is not an adequate supply of affordable housing, increasing numbers of low-income families are forced into homeless status. Furthermore, once these families enter homeless

shelters, they are hindered from moving to more permanent residences by the same shortage of low-cost housing.

**Recommendation: Howard County should study the need for additional emergency shelter for individuals with special problems such as emotional handicaps or substance abuse who cannot be accommodated by existing shelter programs.**

Quantitative data show that an increasing number of individuals are being refused shelter because the Grassroots program cannot accommodate their special needs. Although health and social service programs exist to assist these homeless people, there appears to be a shortage of shelter facilities for individuals with special problems.

## GENERAL SERVICE DELIVERY PLAN

The Institute study team has recommended that the county establish a Homeless Service Center (HSC) to coordinate homeless services offered in Howard County. This section of the report describes the responsibilities of the HSC, operation of the center, and issues regarding its location and provision of transportation. The section also presents forms and procedures for a client tracking system.

### Responsibilities of the Homeless Service Center

The HSC should serve the short-term needs of homeless clients by finding adequate lodging as soon as possible and serve longer-term needs by linking clients with appropriate service agencies (e.g., Grassroots, CASA, Community Action Council, Department of Housing and Community Development, Department of Social Services, Health Department, etc.). These agencies have programs to try to remove clients from homeless lists permanently. The idea is for the HSC to serve as a central information point for the homeless in Howard County regarding job and housing referrals and all types of services available.

The Institute study team views intake, referral, and client tracking as appropriate roles for HSC personnel. In other words, an HSC caseworker should help process a homeless client into the county homeless service system by obtaining appropriate information regarding the client and referring him/her to an

appropriate shelter or agency that provides additional supportive services to the homeless. The HSC worker should also work with the service provider agencies in tracking the client as described later in this report.

The HSC caseworker does not provide actual shelter or support services (e.g., alcohol counseling, facilitating group sessions, etc.). This is the proper role of employees of the service provider agencies. To involve HSC caseworkers in such activities would be wasteful and duplicative.

The HSC should implement a comprehensive tracking system for people receiving homeless services in Howard County. The Center should collect, tabulate, and analyze the data from the tracking system. The information can then be used to compile statistics on homeless clients in Howard County, that will establish a record of needs so that homeless services will adequately serve clients in Howard County, document causes of homelessness, and provide quantitative support for homeless service policies. The HSC should work with the Homeless Advisory Committee and county officials to determine when needs for additional homeless shelters arise, to develop sources to provide for these needs, and to recruit and train volunteers to work with the homeless in Howard County.

**Operation of the Homeless Service Center**

The Center should be open at a minimum from 8:00 a.m. to 8:00 p.m., Monday through Friday. HSC staff should keep records

on numbers of clients and times clients usually arrive (i.e., peak hours) and revise days/hours of operation as necessary once the HSC is operational. During its hours of operation, Center personnel should provide intake, referral, and client-tracking services. From 8:00 p.m. until 8:00 a.m., when the HSC is not open, the county should operate a dedicated "homeless hot-line" at one of the homeless shelters for referral purposes. The "hot-line" telephone number could be the same as the number of the HSC. If this were the case, during the hours of 8:00 a.m. to 8:00 p.m. calls would be received directly at the Center. From 8:00 p.m. to 8:00 a.m. calls would be received at the homeless shelter where the "homeless hot-line" is located. During hours that the HSC is not open, emergency intake should occur at the homeless shelter, and the Center should coordinate client services on the following business day.

The Center and "homeless hot-line" must both be thoroughly advertised throughout the county as central intake access points for homeless clients. Again, the "homeless hot-line," whether at the Center or the homeless shelter, must be staffed around-the-clock.

The Center should have a core staff comprised of professionals who have been educated or trained in the areas of social, human, or citizen services, and who have an in-depth knowledge of homeless issues including actual experience working with homeless people. The core staff should minimally include two managers or supervisors of the Homeless Service Center. A

manager or supervisor should be on duty at all times during the Center's operation hours. Additional personnel may be either paid or volunteers. However, at least one additional worker should be on duty at all times with the manager or supervisor in charge of a particular shift.

As previously mentioned, Center staff will be involved in intake, referral, and client-tracking functions. These functions are detailed below.

**Intake**

The Center staff will serve as the first formal point of contact for homeless clients approaching the homeless service system in Howard County. At this point, the Center will complete the intake entry section of the Homeless Tracking Form and determine the needs of the homeless individual, couple, or family.

**Referral**

Center staff must be knowledgeable concerning all of the programs in Howard County that serve the homeless, that is, both shelter programs as well as supporting health/social services. Once the needs of any homeless individual, couple, or family are determined during the intake phase, an HSC caseworker will refer these clients to shelter programs as well as to any health/social services programs that could benefit the homeless clients. Referral will involve actually providing the name of a person at

an individual agency where the homeless person is being sent plus transportation, if needed, to get there. If the shelters are full, the HSC worker will provide the client with a motel voucher and refer the client to appropriate health and social programs. The HSC worker will ensure that the client is put in contact with a caseworker who will provide more comprehensive case management services.

**Client-Tracking**

Center staff must collect data and coordinate data collection from other agencies. This will entail tabulating, analyzing, and disseminating data from the Homeless Tracking Forms on a monthly basis. The actual tracking system is described in greater detail in the "Client Tracking System" section of this report.

Liaisons (contact persons) should be established between the homeless center and all other agencies and organizations in the county that provide services to the homeless. These liaisons will be responsible for notifying the coordinating center of shelter beds available on a daily basis and facilitating the provision of other services from their agency or organization, in addition to, or instead of short-term housing.

**Location and Transportation**

Issues regarding location of and transportation for the Homeless Service Center are not clear-cut. There are two viable

alternatives regarding location of the Homeless Service Center. First, it could be located in the Harriet Tubman Center with Grassroots. Grassroots is currently the primary provider of shelter for the homeless in Howard County. After final renovations, the Harriet Tubman Center will have 32-beds that will provide either short-term or transitional housing facilities for both individuals and family units. The negative aspect of this option is the Center's rural location. The location is fairly inaccessible unless a client has private transportation, and it is removed from the supplemental services that most homeless clients need in addition to immediate shelter.

The second alternative is to locate the Homeless Service Center at or near the county/state government complex in the Ellicott City area. Most supplemental services are readily accessible there; however, a major shortcoming is a lack of short-term, emergency shelter.

Either of the two locations is a viable, if not perfect location. In either case, transportation opportunities for homeless clients must be readily available and accessible in order to get them to either supporting services, if the location is at Harriet Tubman, or to a shelter facility, if the location is in the Ellicott City area.

Transportation options provided to help the homeless in other jurisdictions have often included a mix of public transportation, taxicab vouchers, and transportation provided by the Center. In Howard County, a number of private taxicab

companies are in operation and the Urban Rural Transportation Alliance (URTA) provides public transportation services. To use URTA, a client must make a reservation for transportation at least 48 hours in advance. While the Homeless Service Center should be as flexible as possible regarding transportation options for its clients, the Center should make use of URTA whenever trips can be scheduled in advance. To complement this service, the Homeless Service Center should contract with one or two taxicab companies in Howard County to provide 24-hour service to its clients. Vouchers are usually utilized in this type of system. A private vehicle (station wagon, van, etc.) driven by Center personnel to transport homeless clients is not recommended because this option involves complex insurance/liability issues as well as training and staffing considerations that the other alternatives do not. A final alternative may be to contract with a county non-profit agency to provide transportation to the homeless on a regular basis. County officials should hold informal discussions with non-profit agencies to explore the possibility and feasibility of this option.

**Client Tracking System**

Client tracking and data collection and analysis are important responsibilities of the Homeless Service Center that will improve coordination of services to clients and provide county officials with information needed to plan shelters and supplementary programs. Establishment of centralized reporting

in the Homeless Service Center will enable the county to answer questions such as the following: What is the total unduplicated number of homeless people needing shelter? What is the total number of homeless people provided shelter either directly or through motel vouchers? Has there been an increase in the need for shelter for abused spouses?

At this time, the Institute study team recommends that the tracking and data collection functions be performed using a manual system. During the first year of HSC operations, officials can determine whether the information being collected meets their needs or whether more or less data are needed. They can also evaluate whether the proposed reporting process results in complete, accurate data. Changes to the manual system can be made easily during this period. Once data needs and the adequacy of the process are more firmly established, the county may want to consider converting tracking and data collection to a computerized system.

**Homeless Tracking Form**

The homeless tracking form will serve two purposes. First, it will track clients on an aggregate level. This includes general personal and demographic data about Howard County's homeless clients. Second, it will track clients as they progress through individual programs provided by various service agencies until discharge or resolution. The form should have multiple copies which may be color-coded as follows:

White (original) - remains at the Homeless Service Center.

Pink - to any primary shelter provider.

Blue - to the Department of Social Services (DSS).

Green - to the Department of Housing and Community Development (DHCD).

Yellow - to the Health Department.

Gray - to the Community Action Council (CAC).

**Tracking System Process**

A sample tracking form is included at the end of this section. Part I of the form will be completed by every agency in Howard County that takes in a homeless client. Part II will be completed by every agency that serves a client.

If the intake point is the Homeless Service Center (HSC), the client will be evaluated there and referred to agencies where appropriate/needed services will be provided. If the intake point is a service agency (during the hours of 8:00 p.m. to 8:00 a.m. when the HSC is closed) the client will be provided short-term housing and will be transported to the HSC as soon as possible for evaluation and referral. The HSC is the primary, formal evaluation and referral point for homeless people in Howard County.

Once the HSC refers the homeless client to a service agency, that agency has the responsibility of completing Part II (Service Agency Information) of the Homeless Tracking Form. The form will

be sent along with the homeless client from the HSC intake point to the caseworker at the service agency.

Staff at the HSC will maintain a chronological tickler file on all clients and, once per week, will contact service agencies to whom a client was referred to ascertain progress. Once a resolution or disposition has been made regarding a client, the service agency form is returned to the HSC.

The HSC will tabulate, analyze, and disseminate both aggregate (personal and demographic) data and client service data to appropriate agencies on a monthly basis. These agencies would include the Department of Citizen Services.

**Tracking of Homeless Clients Not Immediately Served**

Any service agency in Howard County, as well as the HSC, that takes in a client who is not able to be served immediately, must still complete Part I of the Homeless Tracking Form. The refusal and reason for not serving the client must be noted. These forms, if completed by a service agency, must be sent to the HSC on a weekly basis for tabulation and analysis. This will help to reduce the suspected double-counting of homeless clients in Howard County.

During the hours that the HSC is closed, any direct shelter agency which has no room for a homeless client should attempt to find shelter elsewhere or provide a motel voucher before refusing any client outright. Shelters should be provided with a limited supply of motel vouchers to use in such situations.

**Tracking of Transient Homeless Clients**

A transient homeless person may be defined as a client who is requesting shelter only for a brief period, usually no longer than a week, with no interest in acquiring other supporting health/social services from Howard County. Whenever any direct shelter agency takes in this type of client, the agency must still complete Part I of the Homeless Tracking Form and send it to the Homeless Service Center.

# HOWARD COUNTY HOMELESS TRACKING FORM

## PART I. INTAKE DATA

Intake Date_____

Name_____ Date of Birth_____

Last Permanent Address_____ Sex_____

_____ Social Security #:_____

_____ Currently Employed Yes_____

Reason for Homelessness_____ No_____

_____ If no, last place employed:_____

_____

Other agencies currently providing service:_____ DISPOSITION: Referred to:

_____

_____

Any other problems where assistance is needed:_____ REFUSAL: (include reason)

_____

_____

_____

_____

---

## PART II. SERVICE AGENCY INFORMATION

Agency_____ Caseworker(s)_____

_____

Scheduled to receive following service(s):_____ Client Disposition Date

_____ Discharged_____

_____ Lost Contact_____

Date Service(s) Begins:_____ Moved Away_____

_____ Quit Receiving Service

Caseworker Final Assessment (e.g., removed from homeless rolls, not removed from homeless rolls, etc.) _____

_____ Other Disposition: (explain)

_____

_____

_____

_____

HOWARD COUNTY - HOMELESS SERVICE CENTER (HSC)

WEEKLY CLIENT PROGRESS REPORT

Client Name_____

| Date | Agency/Program | Information |
| --- | --- | --- |

## FORMATIVE EVALUATION CRITERIA

Once Howard County officials agree on the study recommendations and the concept of a Homeless Service Center has been implemented, the Institute study team will work with Center staff to evaluate the new program during the first year of its operation. The study team will develop the criteria and standards to evaluate the Center as soon as the Center is staffed and placed in operation.

The Institute will evaluate the Homeless Service Center and the client tracking system in the following areas:

- homeless client service data
- homeless client refusal data
- knowledge regarding the center's existence
- accessibility of the center
- center staff performance
- center staff/service agency coordination
- client tracking system implementation/use
- client tracking system effectiveness.

Questionnaires will be administered to the staff of the Homeless Service Center, the staff of other county homeless service provision agencies, and homeless clients to obtain a cross-section of viewpoints regarding the efficiency and effectiveness of the Homeless Service Center.

The Institute will conduct an assessment of financial support necessary to operate the Homeless Service Center during

its first year. The results of this assessment should help county officials plan for the support of the Homeless Service Center in future years at the financial levels required.

# APPENDIX A

# QUANTITATIVE DATA

# TABLES AND FIGURES

Table A-1

Trends in Demand for Services to Homeless Persons
Statewide and in Central Maryland,
FY 1987-88

| County | FY 1987 | | | FY 1988 | | | Percent Changes (FY 1987-88) | | |
|---|---|---|---|---|---|---|---|---|---|
| | Number Provided Shelter | Number Turned Away | Total Seeking Service | Number Provided Shelter | Number Turned Away | Total Seeking Service | Number Provided Shelter | Number Turned Away | Total Seeking Service |
| Anne Arundel | 2,021 | 1,387 | 3,408 | 2,569 | 2,212 | 4,781 | 27% | 59% | 40% |
| Baltimore | 1,369 | 627 | 1,996 | 1,485 | 1,147 | 2,632 | 8% | 83% | 32% |
| Carroll | 680 | 23 | 703 | 586 | 20 | 606 | -14% | -13% | -14% |
| Harford | 661 | 140 | 801 | 808 | 105 | 913 | 22% | -25% | 14% |
| Howard | 405 | 776 | 1,181 | 520 | 973 | 1,493 | 28% | 25% | 26% |
| Central Maryland Totals | 5,136 | 2,953 | 8,089 | 5,968 | 4,457 | 10,425 | 16% | 51% | 29% |
| Statewide Totals | 38,612 | 24,798 | 63,410 | 40,356 | 32,564 | 72,920 | 5% | 31% | 15% |

Source: Office of Homeless Services, Maryland Department of Human Resources, FY 1987-88.

Table A-2

Homeless Persons Seeking Shelter from Grassroots

| | FY 1986 | FY 1987 | FY 1988 | FY 1989* |
|---|---|---|---|---|
| No. of persons sheltered | 435 | 320 | 234 | 131 |
| No. of persons refused shelter | 271 | 744 | 1,037 | 432 |
| Total seeking shelter | 706 | 1,064 | 1,271 | 563 |

* FY 1989 data are for the first two quarters only.

Source: Grassroots Quarterly Program Assessment Reports, FY 1986-89.

Table A-3

Direct Shelter Provided by Grassroots and CASA

| Agency | FY 1986 | | | FY 1987 | | | FY 1988 | | | FY 1989* | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. of Persons | Shelter Nights | Avg. Stay (# nights) | No. of Persons | Shelter Nights | Avg. Stay (# nights) | No. of Persons | Shelter Nights | Avg. Stay (# nights) | No. of Persons | Shelter Nights | Avg. Stay (# nights) |
| Grassroots | | | | | | | | | | | | |
| Short-term | 369 | 880 | 2 | 200 | 524 | 3 | 119 | 311 | 3 | 60 | 164 | 3 |
| Long-term | 66 | 1,610 | 24 | 120 | 3,005 | 25 | 115 | 3,644 | 32 | 71 | 1,639 | 23 |
| Total | 435 | 2,490 | 6 | 320 | 3,529 | 11 | 234 | 3,955 | 17 | 131 | 1,803 | 14 |
| CASA | 110 | 1,357 | 12 | 140 | 2,044 | 15 | 83 | 2,071 | 25 | 32 | 1,243 | 39 |
| Total direct shelter | 545 | 3,847 | 7 | 460 | 5,573 | 12 | 317 | 6,026 | 19 | 163 | 3,046 | 19 |

* FY 1989 data are for the first two quarters only.

Source: Grassroots and CASA Quarterly Program Assessment Reports, FY 1986-89.

Table A-4

Semiannual Summary of Average Length of Stay at Grassroots Facilities (# nights)

| | FY 1986 | FY 1987 | FY 1988 | FY 1989 |
|---|---|---|---|---|
| Quarters 1 & 2 | 5 | 8 | 13 | 14 |
| Quarters 3 & 4 | 6 | 14 | 22 | NA |
| Annual Average | 6 | 11 | 17 | NA |

Source: Grassroots Quarterly Program Assessment Reports, FY 1986-89.

Table A-5

Services Provided by Community Action Council (CAC)

| Number of households provided with: | FY 1986 | FY 1987 | FY 1988 | FY 1989* |
|---|---|---|---|---|
| Emergency shelter (motel voucher) | ** | 5 | 28 | 14 |
| Housing counseling services | 93 | 237 | 73 | 35 |
| Housing information and referral | 955 | 824 | 823 | 137 |
| Eviction prevention/ rental assistance | 67 | 109 | 30 | 15 |

Notes: * FY 1989 data are for the first two quarters only.
** CAC reported 134 shelter-nights provided during FY 1986; the number of households served was not reported.

Source: CAC Quarterly Program Assessment Reports, FY 1986-89

Table A-6

Reasons for Refusals at Grassroots Shelters

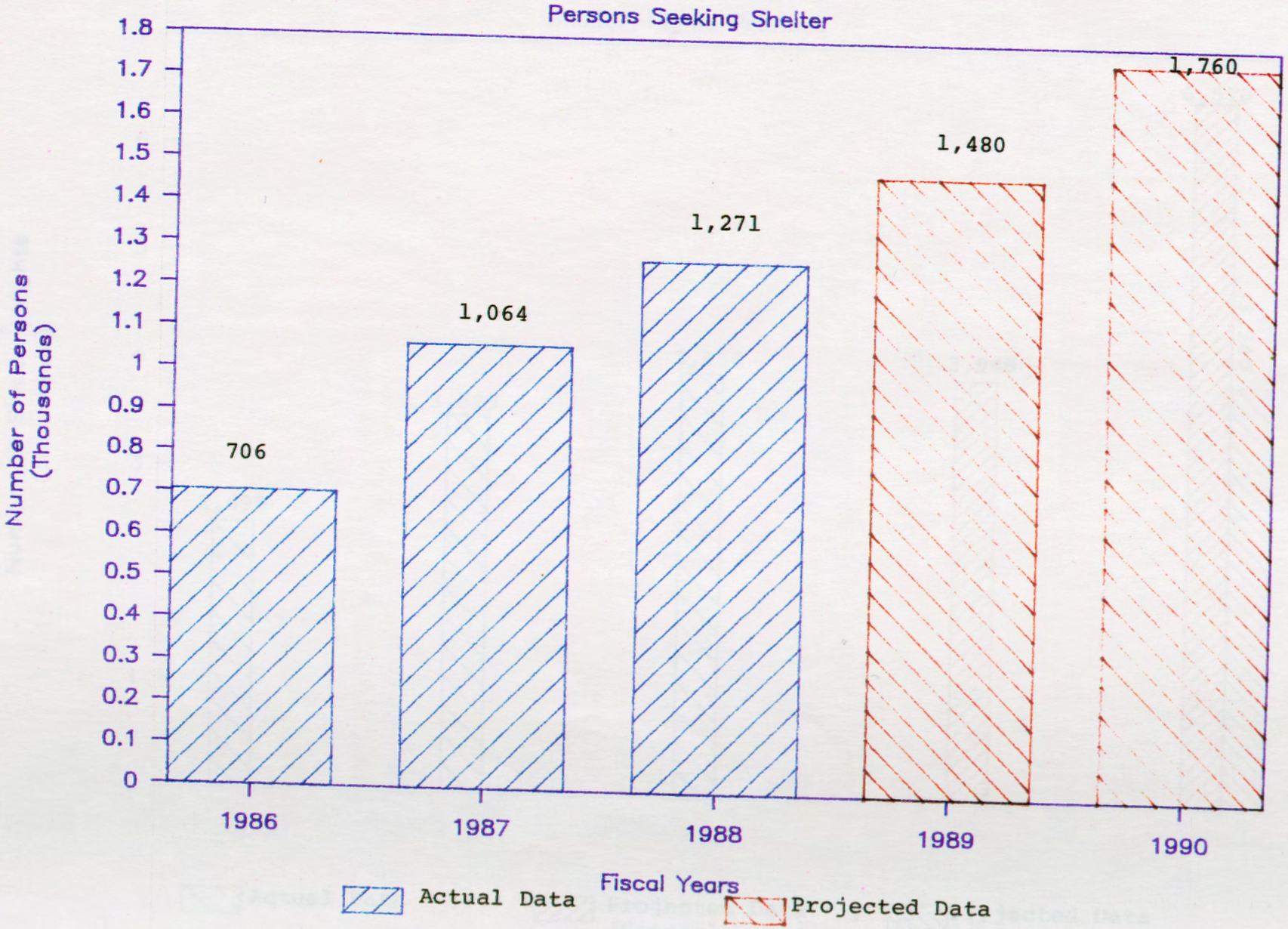
| | FY 1986 | | FY 1987 | | FY 1988 | | FY 1989* | |
|---|---|---|---|---|---|---|---|---|
| | Number | % of Total | Number | % of Total | Number | % of Total | Number | % of Total |
| Shelter full | 203 | 75 | 667 | 90 | 928 | 89 | 363 | 84 |
| Inappropriate client | 35 | 13 | 51 | 7 | 72 | 7 | 40 | 9 |
| Failed to follow rules | 33 | 12 | 26 | 3 | 37 | 4 | 29 | 7 |
| Total | 271 | 100 | 744 | 100 | 1,037 | 100 | 432 | 100 |

* FY 1989 data are for the first two quarters only.

Source: Grassroots Quarterly Program Assessment Reports, FY 1986-89.

Figure A-1

# Grassroots Shelter Facilities

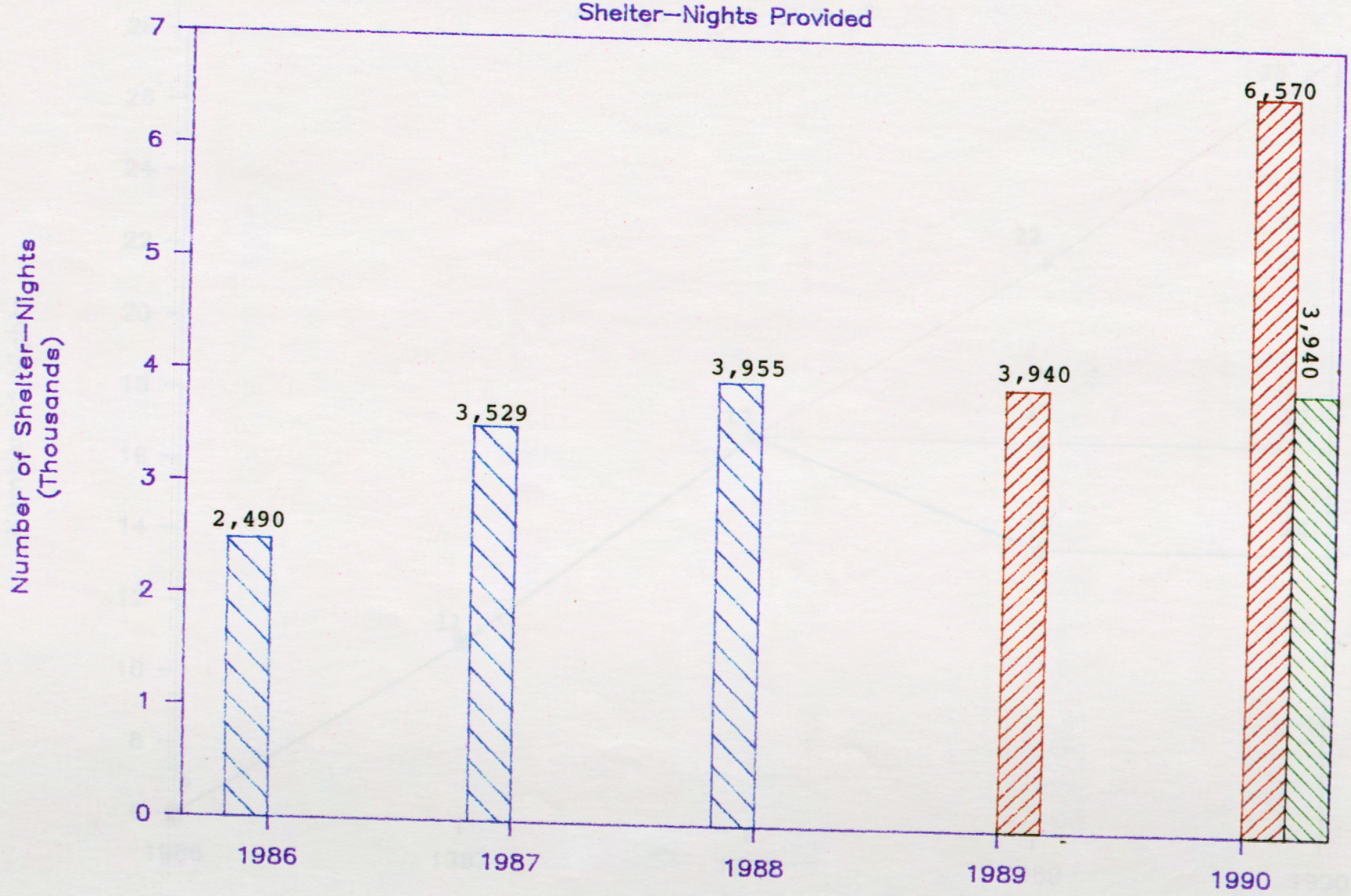



Source: Grassroots Quarterly Program Assessment Reports, FY 1986-89.

Figure A-2

# Grassroots Shelter Facilities

Shelter-Nights Provided

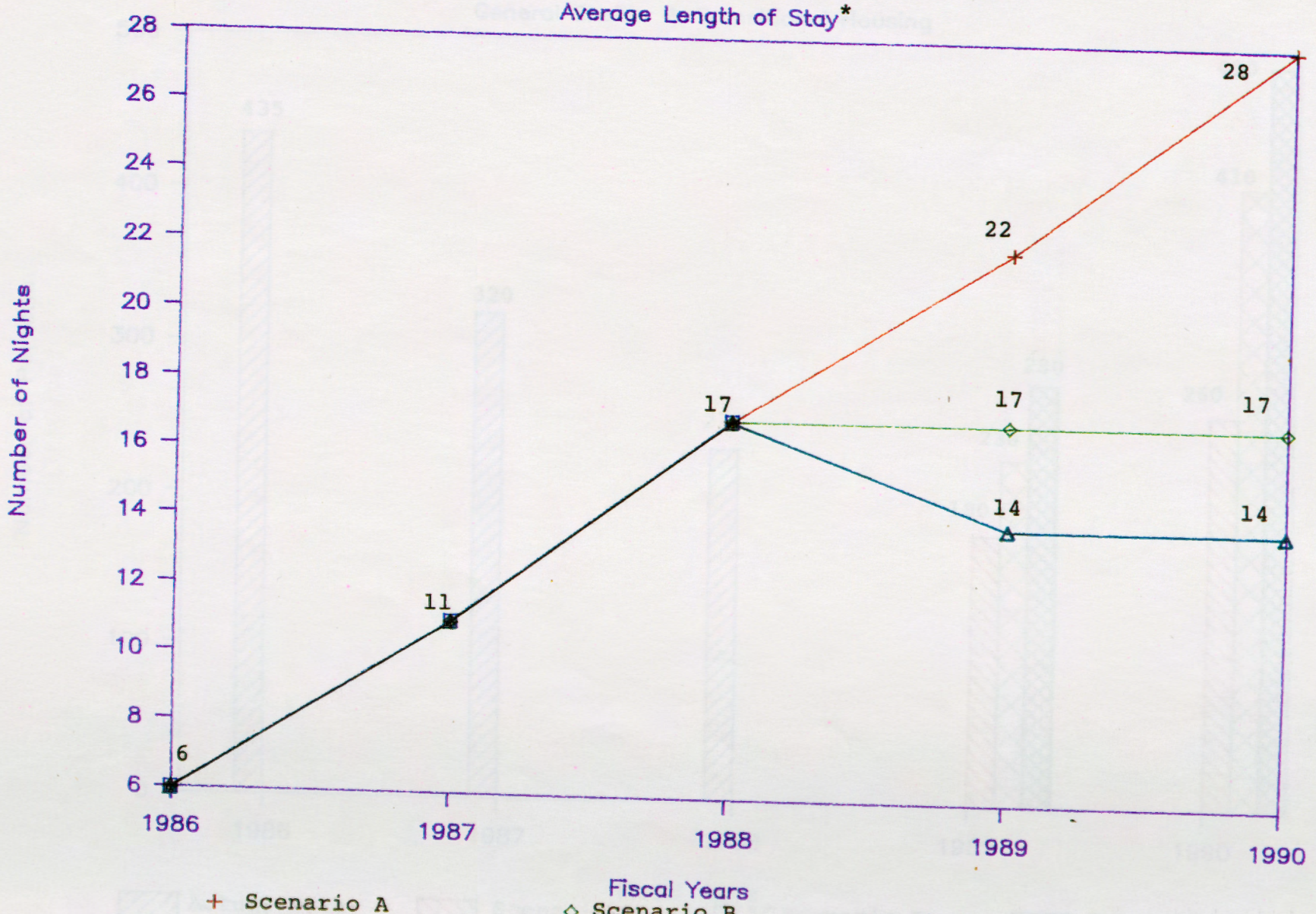



Source: Grassroots Quarterly Program Assessment Reports, FY 1986-89.

Figure A-3

# Grassroots Shelter Facilities

Average Length of Stay*

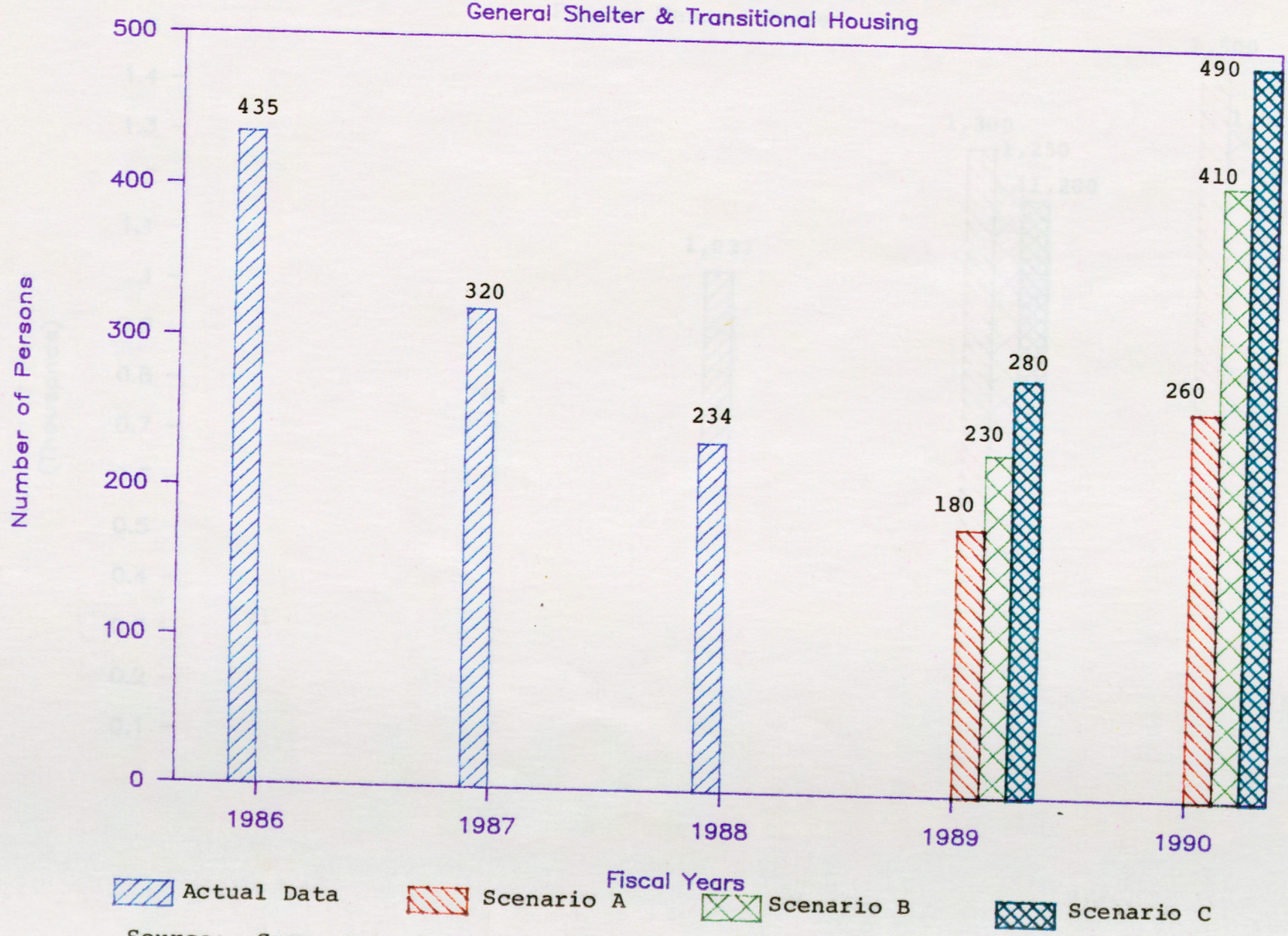



Source: Grassroots Quarterly Program Assessment Reports, FY 1986-89.
* General Shelter only

Figure A-4

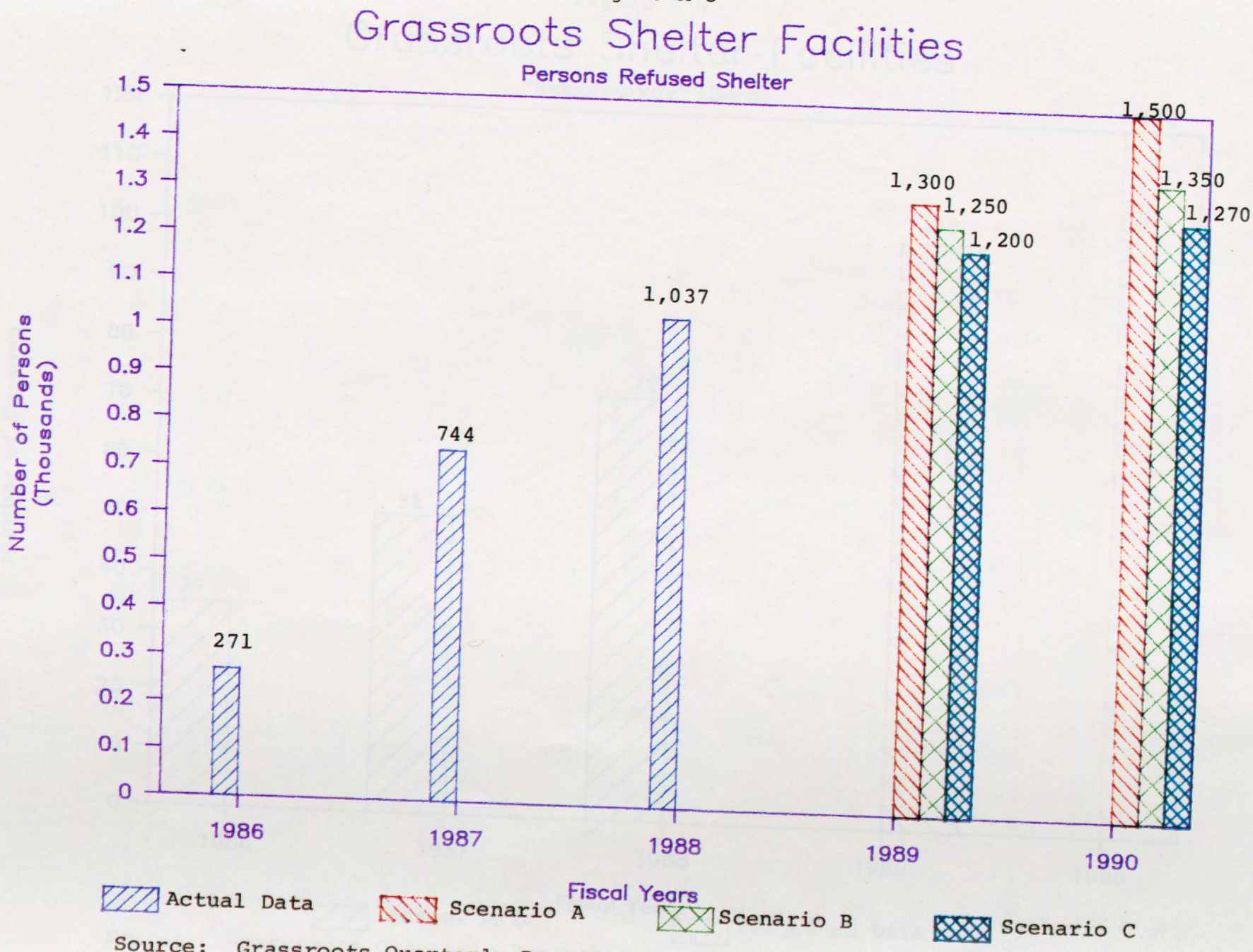
# Persons Sheltered by Grassroots:

## General Shelter & Transitional Housing



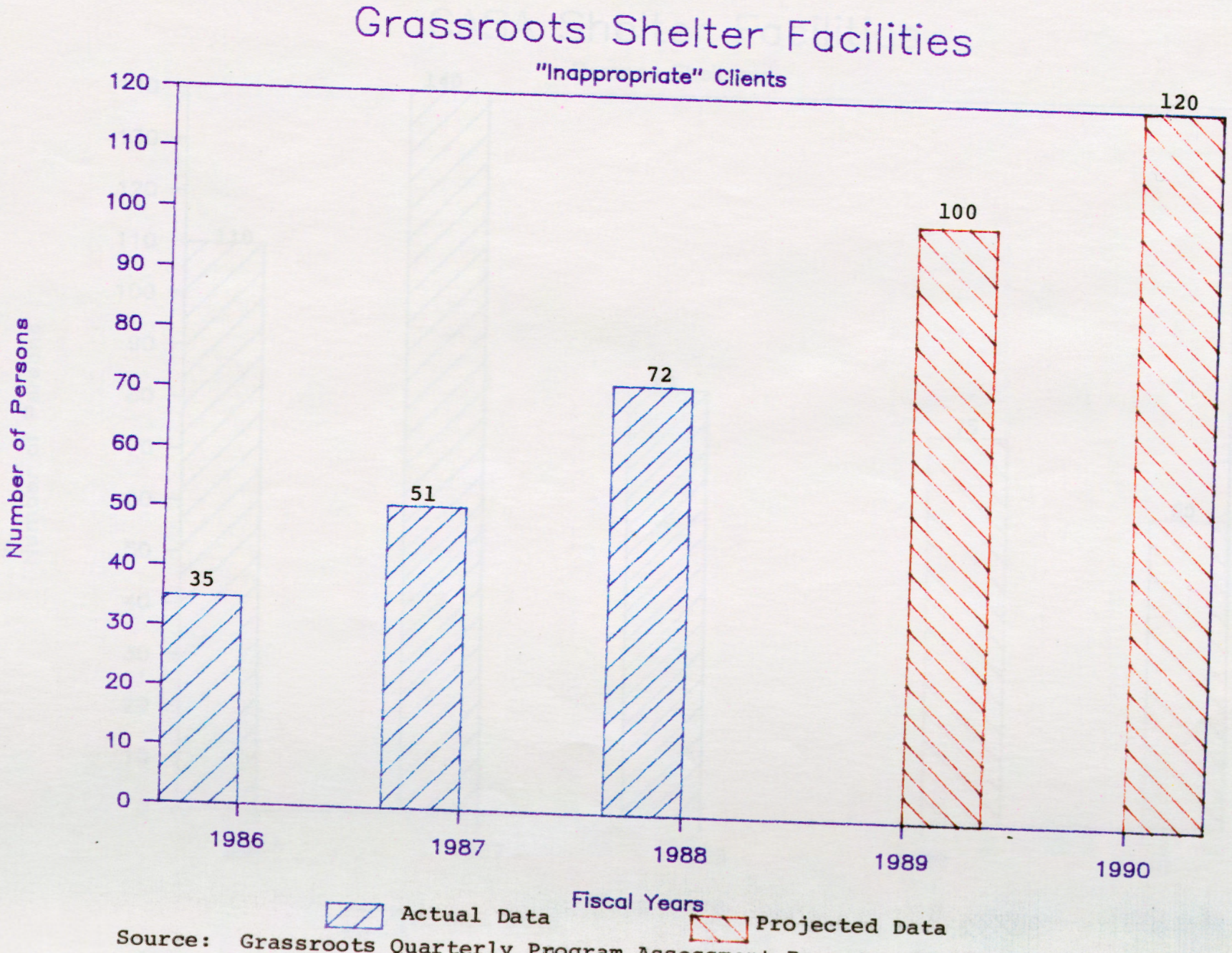

Source: Grassroots Quarterly Program Assessment Reports, FY 1986-89.

Figure A-5



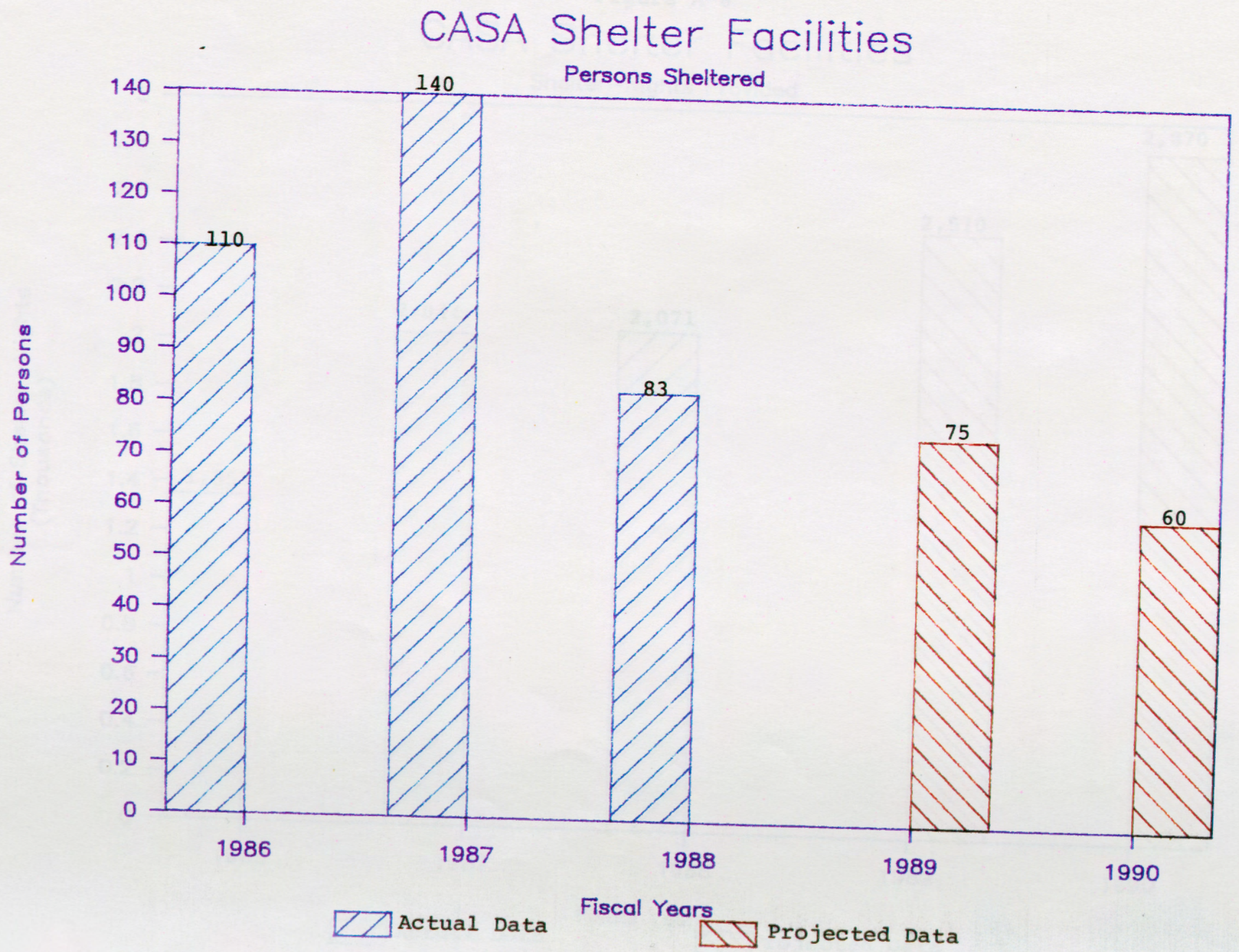

Source: Grassroots Quarterly Program Assessment Reports, FY 1986-89.

Figure A-6




Source: Grassroots Quarterly Program Assessment Reports, FY 1986-89.

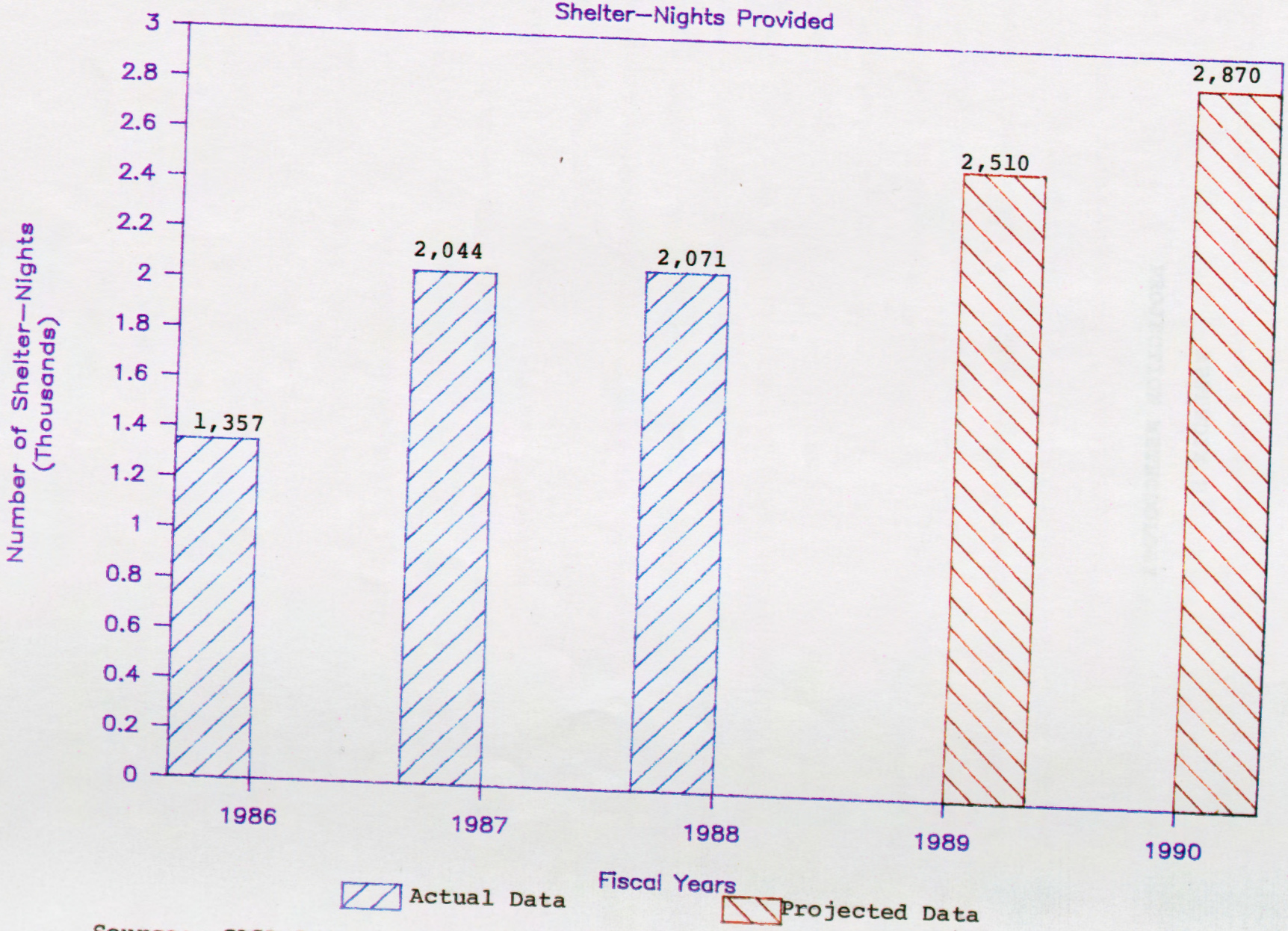
Figure A-7




Source: CASA Quarterly Program Assessment Reports, FY 1986-89.

Figure A-8

# CASA Shelter Facilities




Source: CASA Quarterly Program Assessment Reports, FY 1986-89.

# APPENDIX B

## PROJECTION METHODOLOGY

Projections for the second half of FY 1989 and all of FY 1990 were based on quarterly data for FY 1986 through the second quarter of FY 1989. It was determined that for Grassroots the number of persons sheltered each year during the period FY 1986 through FY 1988 decreased at a linear rate. The number of persons turned away, number of persons seeking service, shelter-nights provided, and average length of stay all increased at approximately linear rates. Shelter-nights provided increased at a linear rate for CASA as well.

The Institute based projections for the second half of FY 1989 and for FY 1990 on the linear trends of the historic data. However, the methodology used for Grassroots differed from that used for CASA for two reasons. First, the Grassroots projections took into consideration an increase in the capacity of the Grassroots facility which was expected to take place at or near the start of FY 1990. This increased capacity should allow Grassroots to provide shelter to many homeless people who otherwise would be turned away. Second, simple linear projection of shelter-nights provided by Grassroots produces results that exceed the shelter's capacity. Therefore, the methodology used for Grassroots is described below.

**Projection Methodology for the Grassroots Facility**

The Institute projected the number of persons seeking shelter using least squares linear regression analysis to obtain the best fit straight line describing the historic data, and that line was extended through FY 1989 and FY 1990. In order to utilize data for the first and second quarter of FY 1989 (the most recent data available), quarterly data were grouped semiannually. The study team made projections for each half of the year and summed these to obtain the full year projections. The actual and projected semiannual values along with the linear correlation coefficients for the actual data are shown in Table B-1.[14]

The Institute computed the total number of shelter-nights that will be provided in FY 1989 and FY 1990 assuming that Grassroots will continue to maintain the shelter occupancy rate of 90 percent attained in FY 1988. (The actual occupancy rate for past years was computed as shelter-nights provided divided by the product of calendar days times beds available. See Table B-2.) Thus, for FY 1989:

shelter-nights = 12 beds x 365 days x .90 = 3,940

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[14]The correlation coefficient (r) is an indicator of how closely the data approximate a straight line. The correlation coefficient can range from r=-1 to r=+1. At r=-1, the data fall exactly onto a straight line and are decreasing. At r=+1, the data fall exactly onto a straight line and are increasing. At r=0, the data do not approximate a straight line at all. Thus, linear projections are more appropriate for data for which the correlation coefficient is close to +1 or -1 than for data for which the correlation coefficient is close to zero.

For the general shelter in FY 1990:

shelter-nights = 20 beds x 365 days x .90 = 6,570

For the transitional shelter in FY 1990:

shelter-nights = 12 beds x 365 days x .90 = 3,940

The study team made three projections of average length of stay. For Scenario A, least squares linear regression was used to obtain the best fit straight line describing the actual data and that line was extended through FY 1989 and FY 1990 (see Table B-3). Under this scenario, average length of stay increases to 22 nights in FY 1989 and 28 nights in FY 1990. For Scenario B, it was assumed that the average length of stay would be maintained at its FY 1988 level of 17 nights. For Scenario C, it was assumed that the average length of stay would be maintained at the level of 14 nights achieved during the first and second quarters of FY 1989.

Three projections were made of the number of people provided shelter in FY 1989 and FY 1990 by dividing the projection of shelter-nights provided in each year by each of the three projections of average length of stay.

Three projections were made of the number of people turned away in FY 1989 and FY 1990 by computing the difference between the projected number of people seeking shelter and the three projections of the number of people provided shelter.

Actual data on "inappropriate" clients were grouped semiannually, and least squares linear regression analysis was used to obtain the best fit straight lines for each half year.

Projections were made for the second half of FY 1989 and both halves of FY 1990. (See Table B-4.)

**Projection Methodology for CASA**

For CASA, the study team grouped the actual data semiannually and used least squares linear regression analysis to obtain the best fit straight lines from which number of people sheltered and shelter-nights provided could be projected. Results are shown in Tables B-5 and B-6. It should be noted that the correlation coefficients for number of people sheltered by CASA indicate that the linear relationships are weaker than for the other data analyzed. Therefore, the projections of number of people sheltered by CASA should be viewed as rough estimates.

Table B-1

Number of Persons Seeking Service from Grassroots

| | FY 1986 | FY 1987 | FY 1988 | FY 1989 | FY 1990 | Correlation Coefficients |
|---|---|---|---|---|---|---|
| Quarters 1 & 2 | 408 | 401 | 599 | 563 | 655 * | 0.83 |
| Quarters 3 & 4 | 298 | 663 | 672 | 917 * | 1,105 * | 0.88 |
| | 706 | 1,064 | 1,271 | 1,480 * | 1,760 * | |

* indicates projected values.

Source: Grassroots Quarterly Program Assessment Reports, FY 1986-89.

Table B-2

Occupancy Rate at the Harriet Tubman Center

| | FY 1986* | FY 1987* | FY 1988 | FY 1989** |
|---|---|---|---|---|
| Shelter-nights | 1,456 | 2,967 | 3,955 | 1,803 |
| Calender days x beds | 4,380 | 4,380 | 4,392 | 2,208 |
| Occupancy rate | 33% | 68% | 90% | 82% |

Notes: * Shelter-night data for FY 1986 and FY 1987 differ from data shown in Table A-3 because the latter include shelter-nights at the Audrey Robbins shelter.

** FY 1989 data are for Quarters 1 and 2 only.

Source: Grassroots Quarterly Program Assessment Reports, FY 1986-89.

## APPENDIX C

## INTERVIEW RESPONDENTS AND QUESTIONNAIRES

## INTERVIEWS IN HOWARD COUNTY

DEPARTMENT OF CITIZEN SERVICES

Manus J. O'Donnell, Director
James Marsalek, Assistant to the Director

COMMUNITY ACTION COUNCIL

Dorothy Moore, Executive Director
Berit Dronenburg, Planner
Ray Gosselin, Director of Programs

CITIZENS AGAINST SPOUSAL ABUSE

Ruth Edwards, Director
Denise Tilrico, Director of Clinical Outreach

GRASSROOTS

Regina Anthony, Executive Director
Jeff Maszal, Hot-line Coordinator
Kathie DiNoto, Shelter Coordinator

DEPARTMENT OF SOCIAL SERVICES

Sam Marshall, Director
Betty Eggleston, Assistant Director of Income Maintenance

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

Rochell Brown, Jr., Community Development Coordinator

UNITED WAY OF HOWARD COUNTY

Carol K. Spangler, Director

OAKLAND MILLS INTERFAITH CENTER

Rabbi Martin Siegel
Reverend David Rogers

**QUESTIONS FOR THE INTERVIEWEES**
**IN HOWARD COUNTY AND OTHER JURISDICTIONS**

1. How do you view the problem of homelessness in your county?
   (a) at the present time
   (b) during the next ten years

2. Is your agency involved in any way in providing services to the homeless? If so, please briefly describe. Does your agency work with other agencies? If so, briefly describe.

3. Do you think that the problem of "homelessness" is <u>adequately</u> taken care of in your county?

4. Is service regarding the problem of homelessness in your county <u>structured</u> to combat the problem most <u>efficiently</u> and <u>effectively</u>?

5. Is adequate data acquired and compiled regarding "homeless clients" served in your county? Please explain the data/reports your agency does produce.

6. If you had the opportunity, how would you go about improving service to the "homeless clientele" served in your county?

7. Is there any monitoring or evaluation being done presently? If so, explain.

8. What are the funding sources that enable your agency to provide services to the homeless?

## INTERVIEWS IN OTHER JURISDICTIONS

ANNE ARUNDEL COUNTY

Marjorie Bennett
Department of Social Services

BALTIMORE COUNTY

Maureen Robinson, Human Resources Coordinator
Department of Social Services

MONTGOMERY COUNTY

Charles Short, Director
Department of Family Resources

Joanna Roth, Chief
Division of Services to Handicapped Individuals
Department of Family Resources

PRINCE GEORGE'S COUNTY

Paul Bifoss, Homeless Coordinator
Department of Social Services

WESTCHESTER COUNTY

Joel Levy, Assistant Director
Department of Housing

Sally Birch
Department of Social Services

STATE OF MARYLAND

Harriet Goldman, Director
Office of Homeless Services
Maryland Department of Human Resources

**FOLLOW-UP QUESTIONS FOR OFFICIALS IN OTHER JURISDICTIONS**

1. Homeless Service Center (HSC): a central facility that coordinates different service provider agencies in a jurisdiction, offers case management for clients, and tracks clients of homeless programs.

   Does your county have such a structure? If so, how is it organized and staffed? What is its role?

2. If your county does not have an HSC, how are intake, referral, service provision, and case management handled in your county? What types of staff are involved in these functions?

3. Case Management: referring homeless clients to service providers and following up to make sure they are receiving direct shelter and/or supportive services.

   Does your county provide case management? How is case management coordinated among the different agencies in your county?

4. Tracking Homeless Clients: What types of mechanisms are used to track homeless clients (written forms, computers)? What types of information are gathered? With whom and how is this information shared? How is client tracking coordinated among the different service provider agencies in your county? How is double-counting minimized?

5. Homeless Advisory Committee: Does your county have a homeless advisory committee? If so, explain its purpose, responsibilities, and authority. What interests are represented in its membership? What are the main advantages and disadvantages of having a homeless advisory committee in your county?

**FOLLOW-UP QUESTIONS FOR OFFICIALS IN OTHER JURISDICTIONS**

1. Homeless Service Center (HSC): a central facility that coordinates different service provider agencies in a jurisdiction, offers case management for clients, and tracks clients of homeless programs.

   Does your county have such a structure? If so, how is it organized and staffed? What is its role?

2. If your county does not have an HSC, how are intake, referral, service provision, and case management handled in your county? What types of staff are involved in these functions?

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   Does your county provide case management? How is case management coordinated among the different agencies in your county?

4. Tracking Homeless Clients: What types of mechanisms are used to track homeless clients (written forms, computers)? What types of information are gathered? With whom and how is this information shared? How is client tracking coordinated among the different service provider agencies in your county? How is double-counting minimized?

5. Homeless Advisory Committee: Does your county have a homeless advisory committee? If so, explain its purpose, responsibilities, and authority. What interests are represented in its membership? What are the main advantages and disadvantages of having a homeless advisory committee in your county?